

F130000000209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

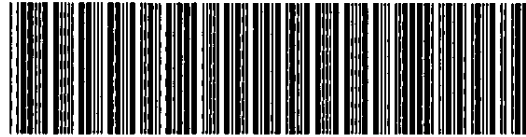
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** One Life Insurance Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James Fleming

Name of Person

One Life Insurance Services, Inc.

Firm/Company

3800 Old Hwy 45 N

Address

Meridian, MS 39301

City/State and Zip code

accounting@adminins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Fleming at ( 601 ) 693-8357 Ext. 1420

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. One Life Insurance Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

One Life Insurance Services, Inc. of Mississippi

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi

(State or country under the law of which it is incorporated)

3. 27-2362508

(FEI number, if applicable)

4. 4/15/2010

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3800 Old Hwy 45 N, Meridian, MS 39301

(Principal office address)

3800 Old Hwy 45 N, Meridian, MS 39301

(Current mailing address)

8. Insurance sales through agents or brokers

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

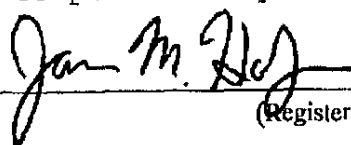
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10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

CT Corporation System

By: \_\_\_\_\_



James M. Halpin

Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Hallie G. Phillips

Address: 3800 Old Hwy 45 N  
Meridian, MS 39301

Vice Chairman: Dalvin K. Parker

Address: 3800 Old Hwy 45 N  
Meridian, MS 39301

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Hallie G. Phillips

Address: 3800 Old Hwy 45 N  
Meridian, MS 39301

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: Dalvin K. Parker

Address: 3800 Old Hwy 45 N, Meridian, MS 39301

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Dalvin K. Parker, Treasurer

(Typed or printed name and capacity of person signing application)

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State of Mississippi  
Mississippi Secretary of State's Office  
C. Delbert Hosemann, Jr.

Invoice Number: 6558319

Invoice Date: 12/28/2012 02:47 PM

**Billing Information**

One Life Insurance Services, Inc.  
3800 Old US Hwy 45 N  
Meridian, MS 39301

Product Description	Certification Number	Order Date	Qty	Pages	Item Cost	Extended	Amount Due
Cert Exist - Orders - Certificate of Existence Re: One Life Insurance Services, Inc. Contact: One Life Insurance Services, Inc. Cust. Ref.#: James Fleming Shipped Via: Mail	12849809	12/28/2012	1	1	25 00	25.00	Paid

Credit Balance as of 12/28/2012 3:20 PM: \$0.00

**Payment Details:**

Check #1503 for \$25.00 (12849809:\$25.00)

Invoice Total: \$25.00

Payment Total: \$25.00

Contact(s): None specified

Amount Due: \$0.00

Include invoice number on all correspondence and send to:

UCC Inquiries: Mississippi Secretary of State's Office  
P.O. Box 136  
Jackson, MS 39205

To discuss payment for UCC items call:  
(601) 359-1633

Corporation Inquiries: Mississippi Secretary of State's Office  
P.O. Box 136  
Jackson, MS 39205

To discuss payment for Corporation items call:  
(601) 359-1633

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