

F1300000/204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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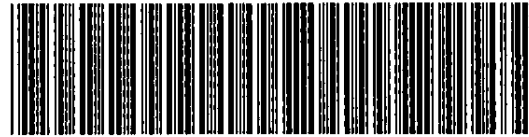
(Business Entity Name)

(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: VALUE RATE INSURANCE Agency Incorporated
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:

MACK Chambers President
Name of Person

VALUE RATE INSURANCE
Firm/Company

PO Box 482
Address

Piney FLATS Tennessee 37686
City/State and Zip code

MACK Chambers @ VALERATE.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MACK Chambers at (813) 361-4693
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:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & 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. VALUE RATE INSURANCE Agency Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Tennessee 3. 45-3753037
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-7-2011 5. 4-1-2014
(Date of incorporation) (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. 770 North Belcher Road Clearwater FL 33765
(Principal office address)
PO Box 482 Piney Flats Tennessee 37686
(Current mailing address)

8. INSURANCE sales and SERVICE
(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: MACK Chambers

Office Address: 13751 N. Nebraska AVE
Tampa, Florida 33613
(City) (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.


(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mack Chambers

Address: 13751 N. Nebraska Ave
Tampa Florida 33613

Vice President: _____

Address: _____

Secretary: Mack Chambers

Address: 13751 N. Nebraska Ave Tampa, Florida 33613

Treasurer: _____

Address: _____

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

13. [Signature] President

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. Mack Chambers President

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MACK CHAMBERS
MACK CHAMBERS
PO BOX 482
PINEY FLATS, TN 37686

March 13, 2013

Request Type: Certificate of Existence/Authorization
Request #: 0091820

Issuance Date: 03/13/2013
Copies Requested: 1

Document Receipt

Receipt #: 950726 Filing Fee: \$22.25
Payment-Credit Card - TennesseeAnytime Online Payment #: 149312702 \$22.25

Regarding: VALUE RATE INSURANCE AGENCY INC.
Filing Type: Corporation For-Profit - Domestic
Formation/Qualification Date: 11/07/2011
Status: Active
Duration Term: Perpetual
Business County: SULLIVAN COUNTY

Control #: 671353
Date Formed: 11/07/2011
Formation Locale: TENNESSEE
Inactive Date:

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TALLAHASSEE FLORIDA

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CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

VALUE RATE INSURANCE AGENCY INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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