

F13000001367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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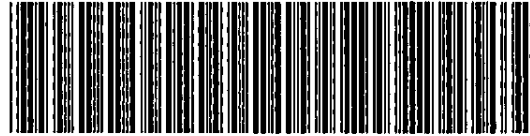
(Business Entity Name)

(Document Number)

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13 MAR 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File 2nd

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ames & Gough Insurance/Risk Management, 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:

Brenda Anthony

Name of Person

Central Licensing Bureau

Firm/Company

1501 N University, Suite 550

Address

Little Rock, AR 72207

City/State and Zip code

dreed@centrallicensingbureau.com ✓

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

For further information concerning this matter, please call:

Brenda Anthony - Central Licensing Bureau at (501) 664-8044

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

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TALLAHASSEE, FLORIDA

**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. Ames & Gough Insurance/Risk Management, 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. Virginia

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

3. 52-1756461

(FEI number, if applicable)

4. 09/18/52012

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8300 Greensboro Drive, Suite 980, McLean, VA 22102

(Principal office address)

8300 Greensboro Drive, Suite 980, McLean, VA 22102

(Current mailing address)

8. The business of insurance functioning as a non-resident insurance agency.

(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee

(City)

, Florida 32301

(Zip code)

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TALLAHASSEE, FLORIDA

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.

By: NRAI Services, Inc.
Janet Lybrand
(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: Daniel Knise

Address: 8300 Greensboro Drive, Suite 980
McLean, VA 22102

Vice Chairman: Frances Railey

Address: 8300 Greensboro Drive, Suite 980
McLean, VA 22102

Director: Michael Herlihy

Address: 8300 Greensboro Drive, Suite 980
McLean, VA 22102

Director: Michael Heatwole

Address: 8300 Greensboro Drive, Suite 980
McLean, VA 22102

B. OFFICERS

President: Daniel Knise

Address: 8300 Greensboro Drive, Suite 980
McLean, VA 22102

Vice President: Michael Herlihy

Address: 8300 Greensboro Drive, Suite 980
McLean, VA 22102

Secretary: Frances Railey

Address: 8300 Greensboro Drive, Suite 980, McLean, VA 22102

Treasurer:

Address:

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TALLAHASSEE FLORIDA

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. President/Director

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

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Ames & Gough Insurance/Risk Management, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is September 18, 2012;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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13 MAR 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Signed and Sealed at Richmond on this Date:
February 20, 2013*

Joel H. Peck

Joel H. Peck, Clerk of the Commission