

F13000001613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900246187399

04/02/13--01023--003 **70.00

FILED
13 APR 12 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/15

19423



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2013

FADRA DANNA
P.O. BOX 152620
LUFKIN, TX 75915-2620

SUBJECT: DAVIS INSURANCE AGENCY, INC.
Ref. Number: W13000019423

We have received your document for DAVIS INSURANCE AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The alternate name that you have chosen is not available. Please select a new name.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 013A00007840

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Davis Insurance Agency, 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:

Fadra Danna

Name of Person

Davis Insurance Agency, Inc.

Firm/Company

P.O. Box 152620

Address

Lufkin, Tx 75915-2620

City/State and Zip code

Becky@DavisDifference.com

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

For further information concerning this matter, please call:

Fadra Danna

Name of Person

at (936) 634-2291

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
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Davis Insurance Agency, Inc.

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

~~The Davis Agency, Inc.~~

Davis Agency of Texas, Inc.

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

2. Texas

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

3. 75-1424379

(FEI number, if applicable)

4. May 4, 1973

(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. 3110 South First Street Lufkin, Tx 75901

(Principal office address)

P.O. Box 152620 Lufkin, Tx 75915-2620

(Current mailing address)

8. The sell of property/casualty insurance

(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)

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.

Maria Ozaeta

Vice President

Maria Ozaeta

(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: George G Langston

Address: 3110 South First Street
Lufkin, Tx 75901

Vice President: Larry D Davis

Address: 3110 South First Street
Lufkin, Tx 75901

Secretary: Tina M Brockett

Address: 3110 South First Street Lufkin, Tx 75901

Treasurer: Tina M Brockett

Address: 3110 South First Street Lufkin, Tx 75901

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. Larry Davis Owner/ Vice President

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

FILED
13 APR 12 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Addendum to application listing additional officers and/or directors

Michael S Davis
3110 South First Street
Lufkin, Tx 75901

CEO

FILED
13 APR 12 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John Steen
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for DAVIS INSURANCE AGENCY, INC. (file number 32407500), a Domestic For-Profit Corporation, was filed in this office on May 04, 1973.

It is further certified that the entity status in Texas is in existence.

FILED
13 APR 12 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 04, 2013.



A handwritten signature in black ink, appearing to read "John Steen".

John Steen
Secretary of State