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Division of Corporations

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Florida Department of State
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**FOREIGN PROFIT/NONPROFIT CORPORATION
CLAIR L. HAWKINS & ASSOCIATES, INC.**

Certificate of Status	0
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Page Count	04
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RECEIVED
14 MAR 11 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. CLAIR L. HAWKINS & ASSOCIATES, 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. WEST VIRGINIA 3. 55-0616919
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 23, 1982 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON FILING
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 510 Avellino Isles Cir. #2302; Naples, FL 34119.
(Principal office address)
510 Avellino Isles Cir. #2302; Naples, FL 34119.
(Current mailing address)
8. INSURANCE BROKER/AGENT.
(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: CLAIR L. HAWKINS
Office Address: 510 Avellino Isles Cir. #2302
NAPLES, Florida 34119
(City) (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.

By: 
(Registered agent's signature) CLAIR L. HAWKINS

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: CLAIR L. HAWKINS

Address: 510 Avellino Isles Cir. #2302; Naples, FL 34119.

Director: _____

Address: _____

B. OFFICERS

President: CLAIR L. HAWKINS

Address: 510 Avellino Isles Cir. #2302; Naples, FL 34119.

Vice President: _____

Address: _____

Secretary: CLAIR L. HAWKINS

Address: 510 Avellino Isles Cir. #2302; Naples, FL 34119.

Treasurer: CLAIR L. HAWKINS

Address: 510 Avellino Isles Cir. #2302; Naples, FL 34119.

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. CLAIR L. HAWKINS, PRESIDENT

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

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Certificate

**I, Natalie E. Tennant, Secretary of State of the
State of West Virginia, hereby certify that**

CLAIR L. HAWKINS & ASSOCIATES, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on February 23, 1982.

I further certify that the corporation has not been revoked by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

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CERTIFICATE OF EXISTENCE

Validation ID:6WV79_T8GNS



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
March 11, 2014*

[Signature]
Secretary of State