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(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:							
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Office Use Only



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TO:		ling Section					
		•	am Austi	n Inc			
SUBJI	ECT: _	V V OI LII			n - mus	st include suffix	
			Nume	or corporatio	m - mus	a merude sumx	
Dear Si	ir or Ma	dam:					
"Certifi	icate of	Existence,		e of Good Sta	anding"	and check are sub	ct Business in Florida," omitted to register the
Please 1	return al	l correspo	ndence concern	ing this matt	er to the	e following:	
Ash	ley P	atkow	/ski				
			···	Name o	f Persoi	1	
Wor	rtham	San	Antonio,	Inc.			
				Firm/Co	mpany		
PO	Box '	79500	8				
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San	Anto	onio, 1	X 78279				
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For furt	ther info	rmation c	oncerning this n	natter, please	call:		
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ASII		atkow	/SKI	at (210		49-2399	
	Name	of Person		Area	a Code a	& Daytime Teleph	one Number
STREET/COURIER ADDRESS:				SS:	New Filing Section		
New Filing Section							
Division of Corporations Clifton Building				Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301			Tallahassee, FL 32314				
Enclose	ed is a cl	neck for th	e following am	ount:			
□ \$70.	.00 Filin	g Fee	■ \$78.75 Filin Certificate			75 Filing Fee & ified Copy	□ \$87.50 Filing Fee, Certificate of Status &

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.

Austin, Inc.		<u></u>	-
rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	7. 25 27. 25 27. 27 20. 25	SEP 19
		<u></u>	<u> </u>
ole in Florida, enter alternate corporate name	adopted for the purpose of transacting business	in Florid	(a)
3.	74-2590973		<u></u>
under the law of which it is incorporated)	(FEI number, if applicable)	ساھي ماھي	9
90 _{5.}	Perpetual		
of incorporation)	(Duration: Year corp. will cease to exist or "	perpetu ai	")
4			
(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)		
· •	dress)		
bove			
(Current mailing add	iress)		
address of Florida registered agent: (P.	O. Box NOT acceptable)		
C T Corporation System	<u>n</u>		
1200 South Pine Island	Rd.		
Plantation	Florida 33324		
(City)	(Zip code)		
	rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.") ole in Florida, enter alternate corporate name under the law of which it is incorporated) of incorporation) 4 (Date first transacted business (SEE SECTIONS 607.1501 & 607.1 or Street, Ste. 1400, Austi (Principal office add. bove (Current mailing add. address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Plantation	poration; must include "INCORPORATED," "COMPANY," "CORPORATION," rp," "Inc," "Co," or "Corp.") The in Florida, enter alternate corporate name adopted for the purpose of transacting business 3. 74-2590973 Under the law of which it is incorporated) FeI number, if applicable) Of incorporation) (Duration: Year corp. will cease to exist or "perpetual (Duration: Year corp. will cease to exist or "perpetual (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) In Street, Ste. 1400, Austin, TX 78701 (Principal office address) Current mailing address) address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System 1200 South Pine Island Rd. Plantation , Florida 33324	poration; must include "INCORPORATED," "COMPANY," "CORPORATION," pp," "Inc," "Co," or "Corp.") The in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida, and the law of which it is incorporated) The incorporation of incorporati

9. 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.

Jane Zachritz

Asst. Secretary

(Registed agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: Address: Director: Address: B. OFFICERS President: Robert T. Bridges 221 W. 6th Street, Ste. 1400 Austin, TX 78701 Vice President: John S. Burns, Jr. 221 W. 6th Street, Ste. 1400 Austin, TX 78701 Secretary: Mark Gaskamp Address: 221 W. 6th Street, Ste. 1400, Austin, TX 78701 Treasurer: Mark Gaskamp Address: 221 W. 6th Street, Ste. 1400, Austin, TX 78701 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

13. Robert T. Bridges

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



Office of the Secretary of State

Nandita Berry Secretary of State

14 SEP 19 PH 2: 1

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on July 28, 2014, ČIA INSURANCE AGENCY, INC., a Domestic For-Profit Corporation (file number 117271600), changed its name to WORTHAM AUSTIN, INC..

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

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 September 03, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10267 Dial: 7-1-1 for Relay Services Document: 566096960003

Phone: (512) 463-5555 Prepared by: SOS-WEB