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(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Falcon 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:

JULIE DOWLEN

Name of Person

FALCON INSURANCE AGENCY INC

Firm/Company

PO BOX 291388

Address

KERRVILLE, TX 78029-1388

City/State and Zip code

RSweeney@FalconInsurance.com

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

For further information concerning this matter, please call:

Julie Dowlen

Name of Person

at ( 800 ) 880-4545

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:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. **Falcon 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. **TEXAS**

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

3. **74-2044111**

(FEI number, if applicable)

4. **03/27/1979**

(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. **1001 Water Street, Bldg K, Ste 100, Kerrville TX 78028**

(Principal office address)

**PO BOX 291388, Kerrville TX 78029-1388**

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **PARACORP INCORPORATED**

Office Address: **155 OFFICE PLAZA DR, 1ST FLOOR**

**TALLAHASSEE**

(City)

, Florida **32301**

(Zip code)

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.*

*See attached*

(Registered 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.

**STATE OF FLORIDA**  
**REGISTERED AGENT CONSENT FORM**

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14 DEC -1 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DATE:** 11/18/2014

**ENTITY NAME:** FALCON INSURANCE AGENCY INC

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Sharon Cooke, Assistant Secretary  
Paracorp Incorporated

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

**A. DIRECTORS**

Chairman: John R. Allen

Address: 1001 Water Street, Bldg K, Ste100  
Kerrville, TX 78028

Vice Chairman: Floyd Thomas Bradshaw

Address: c/o Halton Hall & Associates  
3012 SE Loop 820, Ft. Worth, TX 76140

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Barry R. Dowlen

Address: 1001 Water Street, Bldg K, Ste 100  
Kerrville, TX 78028

Vice President: Floyd Thomas Bradshaw

Address: c/o Halton Hall & Associates  
3012 SE Loop 820, Ft. Worth, TX 76140


Secretary: Floyd Thomas Bradshaw

Address: 3012 SE Loop 820, Ft. Worth, TX 76140

Treasurer: Floyd Thomas Bradshaw

Address: 3012 SE Loop 820, Ft. Worth, TX 76140

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

12. 

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.

13. Barry R. Dowlen - President, Falcon Insurance Agency, Inc.

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

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



## 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 FALCON INSURANCE AGENCY, INC. (file number 46879700), a Domestic For-Profit Corporation, was filed in this office on March 27, 1979.

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 November 25, 2014.



*NANDITA BERRY*

Nandita Berry  
Secretary of State

Nandita Berry  
Secretary of State

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