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(Requestor's Name)				
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(City/State/Zip/Phone #)				
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AUG 26 2015 J SHIVERS

COVER LETTER

TO:	Registration Sec Division of Cor					
CHD	Value Rat	e Insurance Agenc	y II Inc			
SUB	EC1	Name	of corporatio	n - must i	nclude suffix	
Dear	Sir or Madam:					
"Cert	nclosed "Applicat ificate of Existenc referenced foreig	e," or "Certificat	e of Good Sta	nding'' a	nd check are sub	ct Business in Florida," omitted to register the
	e return all corresp Chambers Jr	ondence concerr	ing this matte	er to the f	ollowing:	
			Name of	Person	<u> </u>	
Value	Rate Insurance Age	ency II Inc '	Turio o	· Cison		
			Firm/Co	npany		
РО В	ox 340365					
			Add	ress		
Tamp	a Florida 33694					
			City/State	and Zip c	ode	
mack	chambers82@yahoo					
		E-mail addres	s: (to be used	for futur	e annual report	notification)
For fu	irther information	concerning this r	natter, please	call:		
Mack	Chambers		813		4693	
	Name of Perso	n	at (Area Co		Daytime Telep	hone Number
	STREET/COL Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle	SS:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Enclo	sed is a check for	the following am	iount:			
X \$7	0.00 Filing Fee	S78.75 Filir Certificate			5 Filing Fee & ied 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 TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	•	rance Agency II inc.,				
		orporation; must include "INCORPORATED," "Corp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,	**		
	(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)		
2	2. (State or country under the law of which it is incorporated) 10/20/2006		-5794749			
<i>2.</i> 4.						
4 . 6.	(Date 8-17-2015	of incorporation)	(Date of duration, if other the	han perpetual)		
		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Road Pincy Flats Tennessee 37686	orida, if prior to registration) , F.S., to determine penalty liability	y)		
′•_			office address)			
	PO BOX 340365	Tampa Florida 33694		mark.		
-	,	(Current mailing a	ddress, if different)	15 AU		
8.	Name and stree	et address of Florida registered agent: (P.O. I Mack Chambers Jr.	Box NOT acceptable)	UG 25 J		
Of	fice Address:	3750 Gunn Highway #104		MM 9: 52 OF STATE OF CORIO		
		Tampa	, Florida			
		(City)	(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.

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Vice Chairman: Address: ___ Director: _ Director: __ **B. OFFICERS** Carolyn L Chambers President: 785 Rangewood Road Piney Flats Tennessee 37686 Vice President: Carolyn L Chambers Secretary: 785 Rangewood Road, Piney Flats Tennessee, 37686 Address: _ Treasurer: Address: 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 11 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. Carolyn L Chambers President

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



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

MACK CHAMBERS

PO BOX 340365 TAMPA, FL 33694 August 14, 2015

Request Type: Certificate of Existence/Authorization

Request #:

0172275

Issuance Date: 08/14/2015

Copies Requested:

	· · — · ·					
	Document Receipt					
Receipt #: 002191991 Payment-Credit Card - State Payment Center - CC #: 164189832		چاچ :Filing Fee		\$22.25		
Regarding:	VALUE RATE INSURANCE AGENCY II INC		会の	ЭП	4.,	
Filing Type:	For-profit Corporation - Domestic	Control #:	532443	25	100 (120) 24 (21 mag)	
Formation/Qualification Date: 10/20/2006		Date Formed:	10/20/2000	ŝ ĉ	E-Merry var.	
Status:	Active	Formation Locale:	TENNESS	EE		
Duration Term:	Perpetual	Inactive Date:	<u>Б</u> И	بغ	n Page	
Business County:	SULLIVAN COUNTY			3		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

VALUE RATE INSURANCE AGENCY II INC

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

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