

F15000004447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 07 2015

Y SULKER

WIS-59617

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synergy Insurance Company

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:

Scott H. Grant

Name of Person

Synergy Insurance Company

Firm/Company

217 S. Tryon Street

Address

Charlotte, NC 28202

City/State and Zip code

sgrant@synergyinsurance.net

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

For further information concerning this matter, please call:

Scott H. Grant

704

927-6187

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

035 31



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2015

SCOTT H GRANT
217 S TRYON STREET
CHARLOTTE, NC 28202 US

SUBJECT: SYNERGY INSURANCE COMPANY
Ref. Number: W15000059617

We have received your document for SYNERGY INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

The document number of the name conflict is P11000087842.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 415A00019044

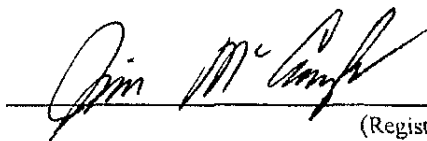
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Synergy Insurance Company
(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. North Carolina 3. 20-4790752
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/01/2006 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)
6. Not applicable - have not transacted business in Florida yet.
- (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 217 S. Tryon Street, Charlotte, NC 28202
(Principal office address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Jim McConnaughay
- Office Address: 1709 Hermitage Blvd, Suite 200
- Tallahassee, Florida 32308
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Bruce A. Flachs

Address: 217 S. Tryon Street, Charlotte, NC 28202

Director
Vice Chairman: Scott H. Grant

Address: 217 S. Tryon Street, Charlotte, NC 28202

Director: Arlene B. Higgins

Address: 217 S. Tryon Street, Charlotte, NC 28202

Director: Jill Bowyer

Address: 217 S. Tryon Street, Charlotte, NC 28202

B. OFFICERS

President: Bruce A. Flachs

Address: 217 S. Tryon Street, Charlotte, NC 28202

Vice President: None

Address: _____

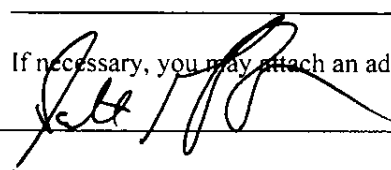
Secretary: Scott H. Grant

Address: 217 S. Tryon Street, Charlotte, NC 28202

Treasurer: Scott H. Grant

Address: 217 S. Tryon Street, Charlotte, NC 28202

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 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. Scott H. Grant, Treasurer & Secretary

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

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TALLAHASSEE, FLORIDA

Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida

A. DIRECTORS (additional)

Director: Mark P. Lavoie

Address: 217 S. Tryon Street, Charlotte, NC 28202

Director: Joshua J. Brazee

Address: 217 S. Tryon Street, Charlotte, NC 28202

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TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

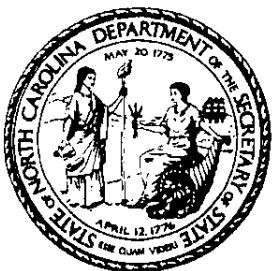
CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

SYNERGY INSURANCE COMPANY

is a corporation duly incorporated under Chapter 58 of the North Carolina General Statutes, having been incorporated on the 1st day of August, 2006 with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the articles of incorporation of Synergy Insurance Company are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 26th day of August, 2015.

Elaine F. Marshall

Secretary of State