

FIS000004838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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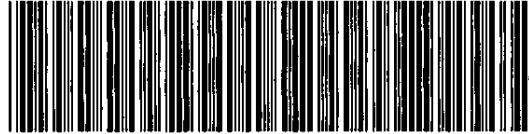
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 NOV - 2 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV - 3 2015

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Franchise 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:

Braxton Savage

Name of Person

Leavitt Group Enterprises

Firm/Company

216 S 200 W

Address

Cedar City, UT 84720

City/State and Zip code

twila-brinkerhoff@leavitt.com

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

For further information concerning this matter, please call:

Braxton Savage

Name of Person

at (435) 865-4100

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 checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. **Franchise 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. **Ohio**

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

3. _____

(FEI number, if applicable)

4. **May 2, 1996**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **10/1/15**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4342 Reed Road, Columbus, OH 43220**

(Principal office address)

216 S 200 W, Cedar City, UT 84720

(Current mailing address)

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

Name: **Corporation Service Company**

Office Address: **1201 Hays Street**

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.

Carol Velle, Asst. Secretary
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Robert Smith

Address: 4942 Reed Road, Columbus, OH 43220

Vice Chairman: Caylor Dalley

Address: 216 S 200 W, Cedar City, UT 84720

Director: Vance Smith

Address: 216 S 200 W, Cedar City, UT 84720

Director: _____

Address: _____

B. OFFICERS

President: Robert Smith

Address: 4942 Reed Road, Columbus, OH 43220

Vice President: Caylor Dalley

Address: 216 S 200 W, Cedar City, UT 84720

Secretary: Mark G. Kenney

Address: 216 S 200 W, Cedar City, UT 84720

Treasurer: Derek Snow

Address: 216 S 200 W, Cedar City, UT 84720

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.

Mark G Kenney, Secretary

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

FILED
2015 NOV -2 AM 10:31
TALPAHUSSEE, FLORIDA
SECRETARY OF STATE

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FRANCHISE INSURANCE AGENCY, INC., an Ohio corporation, Charter No. 940893, having its principal location in Columbus, County of Franklin, was incorporated on May 2, 1996 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 27th day of October, A.D. 2015.*

Jon Husted

Ohio Secretary of State

Validation Number: 201530001592