

# F1500000S143

\_\_\_\_\_  
(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: W15-73110  
name conflict - both names

Office Use Only



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2015 NOV 18 P 4:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2015

LAURA BECKMANN  
20405 STATE HIGHWAY 249, SUITE 430  
HOUSTON, TX 77070

SUBJECT: AMCO HOLDING COMPANY  
Ref. Number: W15000073110

We have received your document for AMCO HOLDING 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):

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.

BOTH AMCO HOLDING COMPANY AND AMERICAN COASTAL INSURANCE COMPANY ARE UNAVAILABLE PLEASE CHOOSE ANOTHER ALTERNATE NAME,

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 715A00023444

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
AmCo Holding Company

**SUBJECT:** \_\_\_\_\_  
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:  
Laura Beckmann

\_\_\_\_\_  
Name of Person  
American Coastal Insurance Company

\_\_\_\_\_  
Firm/Company  
20405 State Hwy 249, Ste 430

\_\_\_\_\_  
Address  
Houston, TX 77070

\_\_\_\_\_  
City/State and Zip code  
lbeckmann@amcoastal.com

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

For further information concerning this matter, please call:

Laura Beckmann                      281                      257-5118  
\_\_\_\_\_  
Name of Person                      at (                      )                      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

**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.*

AmCo Holding Company

1. \_\_\_\_\_  
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- ~~American Coastal Insurance Company~~ AmCo Holding Company FL  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
North Carolina 20-8715146
2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
3/14/2007 N/A
4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
N/A
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
20405 State Hwy 249, Suite 430, Houston, TX 77070
7. \_\_\_\_\_  
(Principal office address)  
Same  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: David A. Yon  
Office Address: 301 S. Bronough Street, Suite 200  
Tallahassee, Florida 32301  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

R. Daniel Peed (Sole Director)

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

20405 State Hwy 249, Suite 430, Houston, TX 77070

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

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

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

**B. OFFICERS**

R. Daniel Peed

President: \_\_\_\_\_

20405 State Hwy 249, Ste 430, Houston, TX 77070

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

Vice President: \_\_\_\_\_

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

Laura Beckmann

Secretary: \_\_\_\_\_

20405 State Hwy 249, Ste 430, Houston, TX 77070

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

Laura Beckmann

Treasurer: \_\_\_\_\_

20405 State Hwy 249, Ste 430, Houston, TX 77070

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

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

12. Laura Beckmann

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.

Laura Beckmann, Secretary & Treasurer

13. \_\_\_\_\_

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

FILED  
2017 NOV 18 P 4:06  
CLERK OF STATE  
TREASURY OF 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

### AMCO HOLDING COMPANY

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 14th day of March, 2007, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation 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; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; 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 28th day of October, 2015.

*Elaine F. Marshall*

Secretary of State