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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

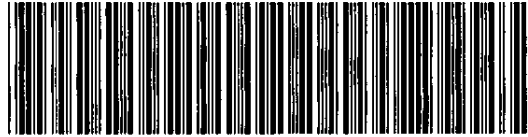
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC 15 2015

December 8, 2015

Region Code 1692

Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Fax: 850-245-6014

**Ref: Application for Certificate of Authority**

Dear Sir/Madam:

We are filing the following documents on behalf of **FMIC Insurance Agency, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #22302 Amount \$ 70.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

**April Mills**

April Mills  
Licensing & Compliance Specialist  
Insurance Licensing Services of America, Inc.  
111 N. Railroad St  
P.O. Box 390  
Groesbeck, TX 76642  
Ph: 254.729.6129  
Fax: 254.729.8069  
Email: [amills@ilsainc.com](mailto:amills@ilsainc.com)

**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.*

FMIC Insurance Agency, Inc.

1. \_\_\_\_\_  
(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. NC 3. 562107666  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/20/1998 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. 801 Jones Franklin Road Suite 100, Raleigh, NC 27606  
(Principal office address)

PO Box 19467, Raleigh, NC 27619

(Current mailing address, if different)

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

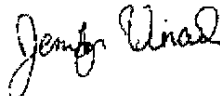
Name: C T Corporation System

Office Address: 1200 S. Pine Island Rd.

Plantation, Florida 33324  
(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.*



Jorder Vincent  
Vice President & Assistant 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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

Director: Forestry Mutual Insurance Company- Owner of 100% stock.

Address: 801 Jones Franklin Road Suite 100, Raleigh, NC 27606

Director: Keith Biggs

Address: 801 Jones Franklin Road Suite 100, Raleigh, NC 27606

**B. OFFICERS**

President: Keith Biggs

Address: 801 Jones Franklin Road Suite 100, Raleigh, NC 27606

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

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

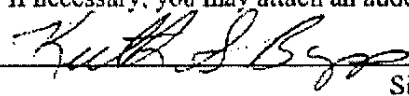
Secretary: Eugene Baker

Address: 801 Jones Franklin Road Suite 100, Raleigh, NC 27606

Treasurer: Eugene Baker

Address: 801 Jones Franklin Road Suite 100, Raleigh, NC 27606

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

12. <sup>x</sup>  \_\_\_\_\_  
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. KEITH BIGGS, PRESIDENT \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

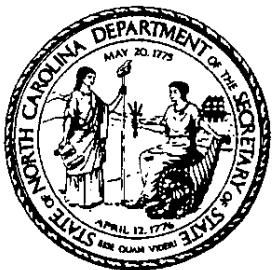
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### FMIC INSURANCE AGENCY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of November, 1998, 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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of December, 2015.

*Elaine F. Marshall*

Secretary of State