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SECRETARY OF CORPORATIONS
2017 AUG -9 AM 9: 37:

N. CAUSSEAUX AUG 1 1 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Our Pride Insurancy Agency Company, 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:
Name of Person
Our Pride Insurancy Agency Company, Inc
Tampa, FL 336Y) City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$78.75 Filing Fee & Certified Copy \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee. Certified Copy Certified Copy 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. Our Pride Insurance Roemy 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) State or country under the law of which it is incorporated)

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(FEI number, if applicable) 4. 3-31-17
(Date of incorporation)

(Date of duration, if other than perpetual)

6. **Dove**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS COLUMN 107-1502 II.S.) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1932 Rayburn Loop Round Rock, Tx 78664 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C. Michael Wicks

5322 Primrose Cate Cir. STE. C

Tanga Florida 3364)

(Zip code) Office Address: 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.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: ____ Address: _____ Director: **B. OFFICERS** leinzelman, Cake Cir. Lake Cir STE. C Yampa Cir 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 (Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Our Pride Insurance Agency Company (file number 802687875), a Domestic For-Profit Corporation, was filed in this office on March 31, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 31, 2017.





Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 753119100002