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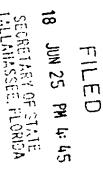
| (F | Requestor's Name) | - |
|------------------------|-------------------------|------|
| | Address) | |
| (/ | Address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT [| MAIL |
| - (i | Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Sta | atus |
| Special Instructions t | to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corpo | | | | |
|---------------|--|--|-------------------------------|---|--|
| CHRI | ECT: | R & A INSURA | NCE A | GENCY, INC. | |
| 3000 | | Name of corporati | on - m | ust include suffix | |
| Dear S | Sir or Madam: | | | | |
| "Certi | ficate of Existence." | by Foreign Corporation f or "Certificate of Good S orporation to transact busi | tanding | g" and check are sub | |
| Please | return all correspon | dence concerning this mat | ter to t | he following: | |
| | • | VANEE' JO | | _ | |
| | | Name e | of Pers | on | |
| | | R & A INSURANCE | AGEN | CY. INC. | |
| | | Firm/Co | ompan | y | |
| | | 3900 CROWN | RD ST | E. 161281 | |
| | | Ad | dress | | |
| | | ATLANTA | A. GA 3 | 10321 | |
| | | City/State | $\frac{1}{2}$ and \tilde{Z} | lip code | |
| | | vjohnson@r | andain | s.com | |
| | | E-mail address: (to be use | d for f | uture annual report i | notification) |
| For fu | rther information co | ncerning this matter, pleas | e call: | | |
| VANE | EE JOHNSON | 470 at (| | 774-6963 | |
| | Name of Person | Area C | | Daytime Telep | hone Number |
| | STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 3 | on rations enter Circle | | **MAILING A Registration S Division of Co P.O. Box 6323 **Tallahassee. F | ection orporations 7 |
| Enclos | sed is a check for the | following amount: | | | |
| □ \$70 | 0.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | | 8.75 Filing Fee & ertified 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.

| 1 | R & A INSURANCE AGENCY, IN | <u>.</u> . | |
|---------------------------------|--|---|-------------------------|
| | corporation; must include "INCORPORATED," "Corp," "Inc," "Co." or "Corp.") | COMPANY," "CORPORATIO | N," |
| (If name unava | ilable in Florida, enter alternate corporate name add | pted for the purpose of transacti | ng business in Florida) |
| 2 | | | |
| | MBER 15, 2017 | (FEI number, if a | |
| | te of incorporation) | (Date of duration, if other than perpetual) | |
| ó. | | | |
| 7 | | STOCKBRIDGE, GA 30281 office address) | |
| <u></u> | (Current mailing a | ddress, if different) | |
| 3. Name and <u>str</u> Name: | eet address of Florida registered agent: (P.O. I | Box <u>NOT</u> acceptable) | FILE PH IN 4 |
| Office Address: | 2401 NW 9th AVE Apt. 3 | _ | SEET. OF TO |
| | WILTON MANORS | | FLOP 11:1 |
| | (City) | (Zip code) | 5a 5 |

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.

Linda Munott
(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.

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

| A. DIRE | CTORS |
|------------------------------------|---|
| Chairman: | VANEE JOHNSON |
| Address: | 7545 TARA RD #708 |
| | JONESBORO, GA 30236 |
| Vice Chair | man: |
| Address: _ | |
| _ | |
| Director: _ | |
| Address: _ | |
| _ | |
| Director: _ | <u> </u> |
| Address: _ | |
| _ | |
| B. OFFI | CERS ES T |
| President: | VANEE' JOHNSON |
| | 7545 TARA RD #708 |
| - | JONESBORO, GA 30236 |
| Vice Presid | lent: |
| | |
| | |
| Secretary: | ASHILEY HOWARD |
| • | 3012 RIVERVIEW PLACE JONESBORO, GA 30238 |
| | RAVEN HOWARD |
| | 3012 RIVERVIEW PLACE JONESBORO, GA 30238 |
| _ | f necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 12. | Vanie L. Johnson |
| The office are true ar a third deg | Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155. F.S. EE' JOHNSON PRESIDENT |
| 13. | (Typed or printed name and capacity of person signing application) |

Control Number: 17128042

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

R & A Insurance Agency, Inc a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15829503 Date Inc/Auth/Filed: 11/15/2017 Jurisdiction : Georgia Print Date : 06/13/2018

Form Number : 211



