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(Address)

(City/State/Zip/Phone #)

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**ULMER, HILLMAN & BALLARD, P.C.**

MARK R. ULMER  
MICHAEL E. BALLARD

Attorneys at Law  
1908 Government Street  
**Mobile, Alabama 36606**  
(251) 473-4228  
Fax (251) 473-6447

CHARLES H. HILLMAN  
(1959-2000)

Mailing Address:  
P.O. Box 66196  
Mobile, Alabama 36660  
Baldwin County Office:  
18410 Pennsylvania Street  
Robertsdale, Alabama 36567  
(251) 947-4757

November 4, 2019

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Seniors and Disabled Insurance Company, Inc.  
Our File No.: 8002-B

Dear Sirs:

Enclosed please find the following documents relating to Seniors and Disabled Insurance Company, Inc.

1. Cover Letter
2. Application by Foreign Corporation for Authorization to Transact Business in Florida
3. Certificate of Existence
4. Check in the amount of \$78.75

Should you have any questions regarding this or any other matter, please do not hesitate to call me.

With kindest regards, I remain,

Yours very truly,



MICHAEL E. BALLARD  
For the Firm

MEB/ja  
Enclosures  
cc: Ms. Judy Smith (w/o enclosures)

2019-11-07 11:00 AM

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**Mobile, Alabama 36606**  
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Fax (251) 473-6447

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Mailing Address:  
P.O. Box 66196  
Mobile, Alabama 36660  
Baldwin County Office:  
18410 Pennsylvania Street  
Robertsdale, Alabama 36567  
(251) 947-4757

September 27, 2019

Ms. Judy Roberts Smith  
3050 Ross Road  
Atmore, AL 36502

Re: Seniors and Disabled Insurance Company, Inc  
Our file no.: 8002-B

Dear Ms. Smith:

Enclosed please find the form to be sent to the Registration Section of the Division of Corporations. I have filled in the pertinent information. Please review this carefully. If all appears correct, please sign in the places indicated. Note that both you and your daughter must sign where indicated. The signed form will need to be returned to me to be mailed to Florida after we get your certificate of good standing from the Secretary of State of Alabama.

Please also send us a check made payable to the Florida Secretary of State Registration Section/Corporations in the amount of \$78.75.

Should you have any questions regarding this or any other matter, please do not hesitate to call me.

With kindest regards, I remain,

Yours very truly,



MICHAEL E. BALLARD  
For the Firm

MEB/ja  
Enclosures

2019 SEP 27 AM 11:04

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Seniors and Disabled Insurance 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:

Judy R. Smith  
Name of Person  
Seniors and Disabled Insurance Company, Inc.  
Firm/Company  
3050 Ross Road  
Address  
Atmore, Alabama 36502  
City/State and Zip code  
judytheinsurancelady@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy R. Smith at (251) 359-3892  
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  
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.

1. Seniors and Disabled Insurance Agency, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Seniors and Disabled Insurance Agency, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama 3. 81-2109490  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-8-16 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 8050 Ross Rd. Atmore, Alabama 36502  
(Principal office address)

(Current mailing address, if different)

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

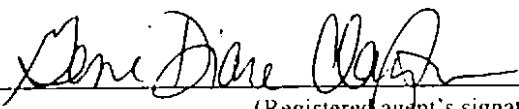
Name: Geni Diane Clayton

Office Address: 6283 Cottage Woods Dr.

Milton, Florida 32570  
(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.

2019 OCT -7 AM 11:05

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

**A. DIRECTORS**

Chairman: Judy R. Smith

Address: 3050 Ross Road

Atmore, Alabama 36502

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

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

Director: Geni Diane Clayton

Address: 6283 Cottage Woods Drive

Milton, Florida 32570

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

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

**B. OFFICERS**

President: Judy R. Smith

Address: 3050 Ross Road

Atmore, Alabama 36502

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

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

Secretary: Geni Diane Clayton

Address: 6283 Cottage Woods Drive Milton, Florida 32570

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

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

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

12. Judy R. Smith \_\_\_\_\_  
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. Judy R. Smith, President \_\_\_\_\_

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

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that SENIORS AND DISABLED  
INSURANCE COMPANY, INC. was formed in Escambia County, Alabama on  
April 8, 2016. The Alabama Entity Identification number for this entity is 359-787.  
I further certify that the records do not disclose that said entity has been dissolved,  
cancelled or terminated.

2019 NOV - 7 AM 11:05



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**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

10/30/2019

Date

A handwritten signature in cursive script that reads "J. H. Merrill".

John H. Merrill

Secretary of State