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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: G&M Insurance Service:	s Inc.		
Na Na	me of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of existence," or "Certification above referenced foreign corporation	cate of Good Stan	ding" and check are submitt	
Please return all correspondence conc	erning this matter	to the following:	
Gerald F Meek			
	Name of	Person	
			262
	Firm/Com	pany	7:
107 Sardis Grove Ln			2627 C3
	Addro	ess	
Matthews, NC 28105-2602			P
	City/State a	nd Zip code	9: 20
jerry@bouwen.us			
E-mail add	ress: (to be used f	or future annual report notif	ication)
For further information concerning th	is matter, please c	all:	
Gerald F Meek	305	Area Code Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone	: Number
STREET/COURIER ADDI- Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Enclosed is a check for the following Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 I Certification	A DEPARTMENT	OF STATE] \$78.75 Filing Fee & — — Certified Copy	l \$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.

G&M Insurance	e Services Inc.		
	orporation: must include "INCORPORATED." * orp." "Inc." "Co." or "Corp.")	COMPANY." "CORPORATION."	
(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting business in Flor	
Texas	3 83	82-5235332	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
April 13, 2018	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
October 1, 2022	2		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
14090 Southwest	Freeway, Suite 300, Sugar Land, TX 77478		
· · · · · · · · · · · · · · · · · · ·	(Principal office	street address)	
	(Current mailing a	ddress, if different)	
. Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	
Name:	Business Filings Incorporated	_	
office Address:	1200 South Pine Island Road		
IHEC FIGURESS.	Plantation		
	(City)	Florida (Zip code)	
	10101	(とけんのに)	

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.

A. DIRECTORS					
□Chairman	David Wildman Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
■Director	Napier Place	Director	Matthews, NC 28105-2602		
□President	Peterborough	□President			
□Vice President	United Kingdom PE2 6XN	□Vice President			
□Secretary	□Treasurer	☐ Secretary	Treasurer		
□Other	Other	□Other	□Other		
□Chairman	Gillian Wildman Name:	□Chairman	Name: Keith Morcroft		
□Vice Chairman	Address: General & Medical House	□Vice Chairman	Address: 82801 Overseas Hwy #744		
Director	Napier Place	□Director	Islamorada, FL 33036		
□President	Peterborough	■ President			
□Vice President	United Kingdom PE26XN	□Vice President			
■ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	Other	□Other			
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	General & Medical House	□Vice Chairman	Address:		
Director	Napier Place	□Director	. 3: 		
□President	Peterborough	□President	<u> </u>		
□Vice President	United Kingdom PE26XN	□Vice President			
□Secretary	□Treasurer	□ Secretary	□Treasurer		
□Other	□Other	□Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 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.

Gerald F. Meek, Treasurer

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 G&M Insurance Services Inc. (file number 802988518), a Domestic For-Profit Corporation, was filed in this office on April 13, 2018.

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 September 29, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1182516260003

Fax: (512) 463-5709 TID: 10264