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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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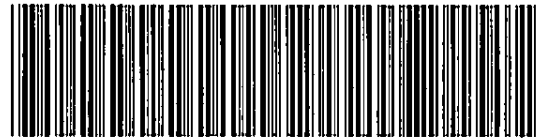
(Business Entity Name)

(Document Number)

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S. ROBERTS

FEB - 3 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First United Bank Insurance Solutions, 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:

Janna Bell

Name of Person

Supportive Insurance Services

Firm/Company

15593 Old US Highway 50

Address

Lawrenceville, IL 62439

City/State and Zip code

jbelle@supportiveis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janna Bell

at (812) 494-2476

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. First United Bank Insurance Solutions, Inc.
(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. Texas 3. 75-2686314
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/17/1997 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. 146 West McCart, Krum, TX 76249
(Principal office street address)

Po Box 6327, Moore, OK 73153
(Current mailing address, if different)

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

Name: Paracorp Incorporated
Office Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2023.11.20 11:10:49

A. DIRECTORS

☐ Chairman Name: William Fahrendorf
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Patrick Locke
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other _____

☐ Chairman Name: Machell Johnson
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Erick Johnson
☐ Vice Chairman Address: 146 West McCart
☒ Director Krum, TX 76249
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Greg Massey
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Dawson
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other EVP ☐ 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. Machell Johnson
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. Machell Johnson
(Typed or printed name and capacity of person signing application)

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7. 146 West McCart, Krum, TX 76249
(Principal office street address)

Po Box 6327, Moore, OK 73153
(Current mailing address, if different)

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Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(City) (Zip code)

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(Registered agent's signature)

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A. DIRECTORS

☐ Chairman Name: William Fahrendorf
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Patrick Locke
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other _____

☐ Chairman Name: Machell Johnson
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Erick Johnson
☐ Vice Chairman Address: 146 West McCart
☒ Director Krum, TX 76249
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Greg Massey
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Dawson
☐ Vice Chairman Address: 146 West McCart
☐ Director Krum, TX 76249
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other EVP ☐ Other _____

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13. Machell Johnson
(Typed or printed name and capacity of person signing application)

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



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for FIRST UNITED BANK INSURANCE SOLUTIONS, INC. (file number 143100600), a Domestic For-Profit Corporation, was filed in this office on January 17, 1997.

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 January 13, 2023.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal stroke.

Jose A. Esparza
Deputy Secretary of State