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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

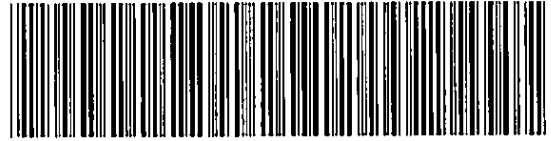
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/23--01023--004 4470.00

FILED
2023 MAR -9 PM 3:04
CLERK OF STATE
TALLAHASSEE, FL

Step 23

MITCHELL || WILLIAMS

Velia C. Sanchez
Direct Dial: 512-480-5120
Fax: 512-322-0301
E-mail: vsanchez@mwlaw.com

500 West 5th Street, Suite 1150
Austin, TX 78701-3835
Telephone: 512-480-5100
Fax: 512-322-0301

MARCH 8, 2023

VIA FEDERAL EXPRESS

TO: 7715 1041 2619

RETURN: 7913 4151 4561

REGISTRATION SECTION
DIVISION OF CORPORATIONS
THE CENTRE OF TALLAHASSEE
2415 N. MONROE STREET, SUITE 810
TALLAHASSEE, FL 32303

RE: VIBE INSURANCE SERVICES, INC.

FILED
2023 MAR -9 PM 3:04
TALLAHASSEE, FL

DEAR LADIES AND GENTLEMEN:

On behalf of our client, VIBE Insurance Services, Inc., a Tennessee corporation, we respectfully submit an original *Application by Foreign Corporation for Authorization to Transact Business Florida* for the filing at the State of Florida Secretary of State as a foreign corporation. Enclosed please find (i) a copy of the application, (ii) our firm's check in the amount of Seventy Dollars (\$70.00), (iii) a Certificate of Good Existence issued by the Tennessee Secretary of State dated February 27, 2023, stating that VIBE Insurance Services, Inc. is in existence, please note that the Tennessee Secretary of State does not use color in its certificates, and (iv) prepaid Federal Express Envelope.

If everything meets with your approval, please qualify VIBE Insurance Services, Inc. to do transact business in the State of Florida and return the proof of filing in the enclosed self address, prepaid Federal Express envelope. Please do not hesitate to contact me if you need further information.

Sincerely,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.



Velia C. Sanchez
Paralegal

Enclosures
(as stated)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIBE Insurance Services, 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:

Velia C. Sanchez, Paralegal

Name of Person

c/o Mitchell, Williams, Selig, Gates & Woodyard, PLLC

Firm/Company

500 W 5th Street, Suite 1150

Address

Austin, TX 78701

City/State and Zip code

vsanchez@mwlaw.com

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

For further information concerning this matter, please call:

Velia C. Sanchez, Paralegal

at (512) 480-5120

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. VIBE Insurance Services, 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. Tennessee 3. 92-2353937
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/07/2023 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 5074 Shady Grove Road Memphis, TN 38117
(Principal office street address)

5074 Shady Grove Road Memphis, TN 38117
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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]:

A. DIRECTORS

☐ Chairman Name: Samuel R. Barnett
☐ Vice Chairman Address: 5074 Shady Grove Rd.
☒ Director Memphis, TN 38117
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Samuel R. Barnett
☐ Vice Chairman Address: 5074 Shady Grove Rd.
☐ Director Memphis, TN 38117
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

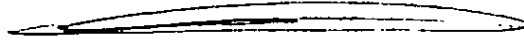
☐ Chairman Name: Samuel R. Barnett
☐ Vice Chairman Address: 5074 Shady Grove Rd.
☐ Director Memphis, TN 38117
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Samuel R. Barnett
☐ Vice Chairman Address: 5074 Shady Grove Rd.
☐ Director Memphis, TN 38117
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ 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.

13. Samuel R. Barnett, President
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SARAH E. WALTERMIRE
SUITE 200
4206 SOUTH J.B. HUNT DRIVE
ROGERS, AR 72758

February 27, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0518186

Issuance Date: 02/27/2023
Copies Requested: 1

Document Receipt

Receipt #: 007845619

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3845982794

\$20.00

Regarding: VIBE Insurance Services, Inc.
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 02/07/2023
Status: Active
Duration Term: Perpetual
Business County: SHELBY COUNTY

Control #: 1393456
Date Formed: 02/07/2023
Formation Locale: TENNESSEE
Inactive Date: 9-9-2023

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

VIBE Insurance Services, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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