

F230000006479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

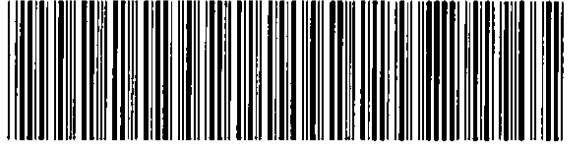
(Document Number)

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2023 NOV 16 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2023

MICHELLE STILLS
800 BEVERLY HANKS CENTRE
HENDERSONVILLE, NC 28792 US

SUBJECT: MORROW INSURANCE AGENCY INC
Ref. Number: W23000152858

We have received your document for MORROW INSURANCE AGENCY INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 723A00026058

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORROW INSURANCE AGENCY 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:

MICHELLE STILLS

Name of Person

MORROW INSURANCE AGENCY INC

Firm/Company

800 BEVERLY HANKS CENTRE

Address

HENDERSONVILLE NORTH CAROLINA 28792

City/State and Zip code

mstills@morrowinsurance.com

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

For further information concerning this matter, please call:

MICHELLE STILLS

828

694-5137

at ()

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.

MORROW INSURANCE AGENCY INC

1. _____
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NORTH CAROLINA 3. 56-0330600
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 06, 1931 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. 800 BEVERLY HANKS CENTRE HENDERSONVILLE NORTH CAROLINA 28792
(Principal office address)

(Current mailing address, if different)

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

Name: REGISTERED AGENTS INC
Office Address: 7901 4TH ST, N STE 300
ST. PETERSBURG, Florida 33702
(City) (Zip code)

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TALLAHASSEE, FL

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.

David Roberts Assistant Secretary
(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. DIRECTORS

Chairman: JAMES RASMUSSEN
Address: 800 BEVERLY HANKS CENTRE HENDERSONVILLE NORTH CAROLINA 28792

Vice Chairman: JAMES PATTERSON
Address: 800 BEVERLY HANKS CENTRE HENDERSONVILLE NORTH CAROLINA 28792

Director: DAVID BRETT SHAFFER
Address: 800 BEVERLY HANKS CENTRE HENDERSONVILLE NORTH CAROLINA 28792

Director: COLLEEN HOBBIK
Address: 800 BEVERLY HANKS CENTRE HENDERSONVILLE NORTH CAROLINA 28792

B. OFFICERS

President: DAVID BRETT SHAFFER
Address: 800 BEVERLY HANKS CENTRE HENDERSONVILLE NORTH CAROLINA 28792

Vice President: WILLIAM HENDRICKS
Address: 800 BEVERLY HANKS CENTRE HENDERSONVILLE NORTH CAROLINA 28792

Secretary: COLLEEN HOBBIK
Address: 800 BEVERLY HANKS CENTRE HENDERSONVILLE NORTH CAROLINA 28792

Treasurer: COLLEEN HOBBIK
Address: 800 BEVERLY HANKS CENTRE HENDERSONVILLE NORTH CAROLINA 28792

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

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. DAVID BRETT SHAFFER
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MORROW INSURANCE AGENCY, INC.

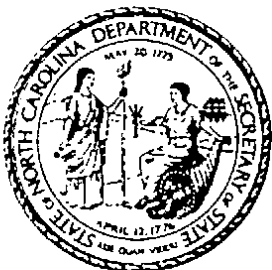
is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of June, 1931, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of November, 2023.

Elaine F. Marshall

Secretary of State



Scan to verify online.