

F24000005560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

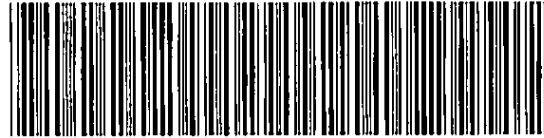
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OCT 24 2024

K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nations Insurance Company
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:

Jeff Rainey

Name of Person

Strickland Law

Firm/Company

2205 Croydon Drive

Address

Tallahassee, FL 32303

City/State and Zip code

jmoreno@nationsinsurance.com

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

For further information concerning this matter, please call:

Jeff Rainey

at (850) 294-8859

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. Nations Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Nations Insurance Company of Florida

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 26-1365414
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/28/2006 5. Perpetual
(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. 12800 Center Court Drive S, Suite 550, Cerritos, CA 90703
(Principal office street address)

PO Box 3490 Cerritos, CA 90703
(Current mailing address, if different)

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

Name: Chief Financial Officer State of Florida
Office Address: 200 E. Gaines Street
Tallahassee, Florida 32399
(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: Elias Assaf
☐ Vice Chairman Address: 12800 Center Court Drive S
☒ Director Suite 550, Cerritos, CA 90703
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jon Moreno
☐ Vice Chairman Address: 12800 Center Court Drive S
☐ Director Suite 550, Cerritos, CA 90703
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Claims Officer ☐ Other _____

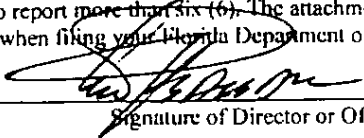
☐ Chairman Name: Linda Sanazaro
☐ Vice Chairman Address: 12800 Center Court Drive S
☐ Director Suite 550, Cerritos, CA 90703
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☒ Chairman Name: Zeina Assaf
☐ Vice Chairman Address: 12800 Center Court Drive S
☐ Director Suite 550, Cerritos, CA 90703
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Zorayda Padilla
☐ Vice Chairman Address: 12800 Center Court Drive S
☐ Director Suite 550, Cerritos, CA 90703
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Raimundo Ruiz
☐ Vice Chairman Address: 12800 Center Court Drive S
☒ Director Suite 550, Cerritos, CA 90703
☐ 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. ELIAS K. ASSAF PRESIDENT / CEO
(Typed or printed name and capacity of person signing application)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Elias Assaf, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Nations Insurance Company

(Name of Corporation)

a corporation duly organized and existing under the laws of California,
(State or Country)

was adopted on 10/21/2024, adopting the alternate

name of Nations Insurance Company of Florida
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date:

10/21/2024

[Signature]
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

President/CEO

Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

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



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: NATIONS INSURANCE COMPANY
Entity No.: 2935389
Registration Date: 11/28/2006
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 22, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 240702726

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.