

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

COURIER ADDRESS:

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St.

Qualification/Registration Sec.

SUBJECT: \_\_

Dear Sir or Madam:

AVCO INSURANCE AGENCY, INC.

(Name of corporation)

foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the followi	ng:
Marilyn L. Havens, Legal Assistant (Name of Person)	
Avco Financial Services	
(Firm/Company)	900001534789
600 Anton Boulevard, 18th Floor	-07/11/9501084003 *****70.00 ^*****70.00
(Address)	A***** 10.00 A***** 10.00
Costa Mesa, California 92626-5011 (City, State and Zip Code)	9712
Should you need to call someone concerning this matter, please call:	SECRETAL FILE
Marilyn L. Havens at (714 ) 445 - 7149	
(Name of Person) Area Code & DaytimeTelephone N	AH 10: 56

MAILING ADDRESS:

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Qualification/Registration Sec.

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced

## 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:

AVCO INSURANCE AGENCY, INC.  (Name of corporation: must include the word "INCORPORATED", "COMPAN" abbreviations of like import in language as will clearly indicate that it is a corpor partnership if not so contained in the name at present.)			or rson
33-0	)662492		
2. ARTZONA 3. (State or country under the law of which it is incorporated) (FEI numbers)	er, if applicable	)	
Perpetual			
4. April 7. 1995 5. Perpetual (Date of Incorporation) 5. (Duration: Year corp. w	iil conso to exis	st or "perpotual")	
6. (Date first transacted business in Florida. (See sections 007.1501, 007.1502, and 817	1155 5 5 1		
(Date first transacted business in Florida. (See sections 007,1501, 007,1502, and 817	(199) (194)		
7. 600 Anton Boulevard			
Costa Mesa, California 92626-5011			
(Current mailing address)	<del></del>	LO.	Ę
		ن ت	128
8. Insurance Agency {Purposa(s) of corporation authorized in home state or country to be care	ind out in the	state of Florida)	
(Purposals) of corporation authorized in nome state of courts y to our			57
9. Name and street address of Florida registered agent:		19.704	:::S2
		<u> </u>	2.3
Name: System, Inc.	<del></del>	ين ث	
Office Address: 1201 Hays Street, Suite 105	<del></del>	ଫ	Á
Tallahassee	Florida .	32301	
Tallanassee	, Florida , .	(Zip Code)	
10. Registered agent's acceptance:  Having been named as registered agent and to accept service corporation at the place designated in this application, I here registered agent and agree to act in this capacity. I further agree of all statutes relative to the proper and complete performance with and accept the obligations of my position as registered agent's hard accept the Prentice-Hall Corporation System By:  [Registered agent's signature]	of process a by accept se to comply of my dutil ent.	for the above the appointm	stated nent as visions

11. 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.

DIRECTORS Chairman: \_\_\_SEK\_ATTACHED Address: \_\_\_\_\_\_ Vice Chairman: Address: \_\_\_\_\_ Director: Addross: Director: \_\_\_\_\_ Address: \_\_\_\_\_ В. **OFFICERS** President: Address: \_\_\_\_\_ Vice President: Address: \_\_\_\_\_ Secretary: \_\_\_\_\_\_ Address: \_\_\_\_\_ Treasurer: \_\_\_\_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors, (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Stephen D. Brandon, Vice President
(Typed or printed name and capacity of person signing application) 14.

12: Names and addresses of officers and/or directors:

## AVCO INSURANCE AGENCY, INC.

DIRECTORS:		
STEPHEN D. BRANDON HERBERT F. SMITH JOHN C. SPENCE		
OFFICERS:		
JOHN C. SPENCE	- President	
RONALD BUKOW .	- Executive Vice President and Treasurer	
GARY L. FITE	- Executive Vice President and Controller	
HERBERT F. SMITH	- Executive Vice President and Secretary	
STEPHEN D. BRANDON -	<ul> <li>Vice President and Assistant Secretary</li> </ul>	
The business address of the President is as follows:		
John C. Spence, Presider 18581 Teller Avenue P.O. Box 19702 Irvine, California 9271	nt and Director	
The business address of the other directors and officers is		
600 Anton Boulevard Costa Mesa, California	92626-5011	

P.O. Box 5011 Costa Mesa, California 92628-5011

or



OFFICE OF THE

## CORPORATION COMMISSION

To all to Whom these Presents shall Come, Greeting:

I, the Executive Secretary of the Arizona Corporation Commission, DO HEREBY CERTIFY that

\*\*\*AVCO INSURANCE AGENCY, INC.\*\*\*

ON SECRET

a Domestic Corporation organized under the laws of the State of Arizona, did incorporate on April 7, 1995

I FURTHER CERTIFY that this corporation has filed all affidavits and annual reports and paid all annual filing fees required to date and, therefore, is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this

5th day of June

19<u>95</u>, A.D.

Executive Secretary

By Km Don

C/F: 0048 Rev. 8/94

Aveo Financial Services.

AND DESCRIPTION OF THE PERSON OF THE PERSON

600 Anton Poolevard P. O. Box 5017 Costa Mesa, CA 92628-5914 U.S.PUSIAGE

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QUALIFICATION/REGISTRATION SECTION TIVICION OF CORPORATIONS T.O. BOX 6327 TALLAHASSEE, FL 32314



2200 Forward Drive Post Office Box 840 Harrison, Arkansas 72602-0840 Phone 501-741-9000 Toll Free 800-8-SHIP-AF FAX Number 501-741-3003

## RESOLUTION OF FOREIGN CORPORATION ADOPTING FICTITIOUS NAME IN FLORIDA

1, Tom Garrison certify that 1 am the Secretary of AMERICAN FREIGHTWAYS CORPORATION a corporation organized under laws of the state of Arkansas, and that the following is a true and correct copy of a resolution duly adopted at a meeting of the board of directors of the corporation on the 6th day of July, 1995.

(Signature)

**SECRETARY** 

Resolved, that the corporation adopts the name <u>AMERICAN FREIGHTWAYS</u> <u>CORPORATION OF HARRISON</u> under which it shall operate in Florida because its corporate name is not available for use in Florida, that the secretary is authorized to certify a copy of the resolution to the Secretary of State of Florida for filing.

SECRETARY OF STATE