

F9500004973

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

800001609358
-10/12/95--01080--008
***122.50 ***122.50

SUBJECT: Carolina Commercial Insurance Agency, Inc.
(NAME OF CORPORATION)

Dear Sir or Madam:

The enclosed **APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**, certificate of existence, and check are being submitted to qualify the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Deana Smith
(Name of Person)
Risk & Insurance Brokerage Corp.
(Firm/Company)
P.O. Box 2368
(Address)
Lake Wales, FL 33859-2368
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call
Deana Smith at (800) 989 - 7515 ext. 205
(Name of Person) Area Code & Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 12 AM 8:29
mtm

**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. Carolina Commercial Insurance Agency, Inc.

(Name of corporation must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 05/24/93

(Date of Incorporation)

4. Perpetual

(Duration-Year Corp. will cease to exist or "perpetual")

5. 56-1824666

(Federal Employer Identification number, if applicable)

6. 09-15-95

(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. P.O. Box 2368, Lake Wales, FL 33859-2368

(Current mailing address)

9. Name and Street address of Florida registered agent:

Name: Michael R. Butler

Office Address: 244 E. Park Ave.

Lake Wales

, Florida

33853

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:

Michael R. Butler

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.

95 OCT 12 AM 8:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11. Names and addresses of officers and/or directors.

A. Directors:

Chairman: NO DIRECTORS AS THIS IS A CLOSED CORPORATION.
Address: _____

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. Officers:


President: Thomas B. Rumfelt
Address: 244 E. Park Ave.
Lake Wales, FL 33853

Vice President: Kevin R. Grimes
Address: 244 E. Park Ave.
Lake Wales, FL 33853

Secretary: Michael R. Butler
Address: 244 E. Park Ave.
Lake Wales, FL 33853

Treasurer: Michael R. Butler
Address: 244 E. Park Ave.
Lake Wales, FL 33853

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

12. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 11 of the application)

13. Michael R. Butler, Secretary
(Type or print name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 12 AM 8:29

STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF AUTHORIZATION

I, **RUFUS L. EDMISTEN**, *Secretary of State of the State of North Carolina*, do hereby certify that

CAROLINA COMMERCIAL INSURANCE AGENCY, INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a Certificate of Authority on the 23rd day of June, 1993.

I **FURTHER** certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority has not been revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has not yet been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 20 1995

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of September, 1995.



Rufus L. Edmisten

Secretary of State