

# FA9000003263

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: MJK Insurance Agency, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

000002908510--7

-06/18/99 - -01025--006

\*\*\*\*\*70.00 \*\*\*\*\*70.00

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 foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jackie Harkrider, CLA

(Name of Person)

Schmidt, Kirby & Sullivan, P.C.

(Firm/Company)

1154 S. Willow Lane

(Address)

Springfield MO 65804

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Jackie Harkrider at ( 417 ) 882-2828  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

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

Name	<b>MJH</b>
Availability	
Document, Examiner	
Updater	
Updater	
Verifier	
Acknowledgement	
W. P. Verifier	

Enclosed is a check for the following amount:

- ☒ \$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

99 JUN 18 AM 9:26

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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. MJK Insurance Agency, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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. Missouri 3. 43-1839095  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/25/99 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. P.O. Box 231, Turners MO 65765 (4415 E. State Hwy "D")  
(Principal office address)
- b. same  
(Current mailing address)
8. Selling, promoting, advertising and acting as broker for all lines of insurance  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: CT Corporation Systems
- Office Address: 1200 S. Pine Island Rd  
Plantation, Florida 33324  
(Zip code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUN 18 AM 9:26

**10. 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.*

(see attached)

(Registered agent's signature)

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.

## ACCEPTANCE OF APPOINTMENT

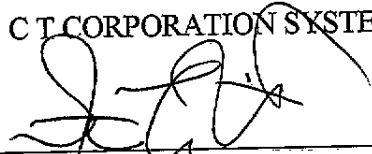
RE: **M J K INSURANCE AGENCY, INC. (MO DOM)**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: June 2, 1999

C T CORPORATION SYSTEM

By



Jonathan L. Miles,  
Assistant Secretary

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

~~Vice Chairman~~ Director James E. Adams

Address: 4359 E. Whitehall Dr.

Springfield MO 65809

Director/Asst Sec Paul D. Adams

Address: 1151 W. Rosedale

Nixa MO 65714

Director: Jon S. Adams

Address: 2325 Live Oaks Drive

Little Rock AR 72223-9343

**B. OFFICERS**

President: James E. Adams

Address: 4359 E. Whitehall Dr.

Springfield MO 65809

Cecil Gardner

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Helen Adams

Address: 4359 E. Whitehall Dr.

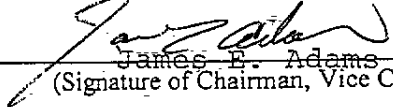
Springfield MO 65809

Treasurer/Asst Sec Jon S. Adams

Address: 2325 Live Oaks Drive

Little Rock AR 72223-9343

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

13.  James E. Adams  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James E. Adams, President  
(Typed or printed name and capacity of person signing application)

# STATE OF MISSOURI



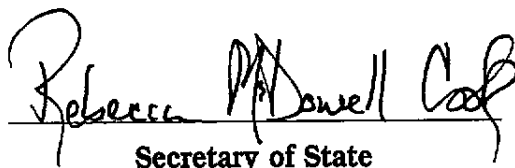
**Rebecca McDowell Cook**  
**Secretary of State**

CORPORATION DIVISION  
CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, SECRETARY OF STATE OF THE STATE OF MISSOURI, DO HEREBY CERTIFY THAT THE RECORDS IN MY OFFICE AND IN MY CARE AND CUSTODY REVEAL THAT  
MJK INSURANCE AGENCY, INC.

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 25TH DAY OF JANUARY, 1999, AND IS IN GOOD STANDING, HAVING FULLY COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 3RD DAY OF JUNE, 1999.

  
Secretary of State

