P94000091745

(Requestor's Name)				
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	; #)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Document Number)				
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C GOLDEN

JUN - 3 2020

COVER LETTER

TO:	Amendment Section	
	Division of Corporations	
SUBJE	ECT: Associates Agency, Inc.	
	Name of Surviving Entity	
The en	closed Articles of Merger and fee are submitted for	r filing.
Please	return all correspondence concerning this matter to	ofollowing:
<u>La</u>	wrence E. Fuentes	
	Contact Person	
Fu	entes and Kreischer, P.A.	<u> </u>
	Firm/Company	
140	7 W. Busch Boulevard	
	Address	
Tamp	a, Florida 33612	
	City/State and Zip Code	
lef@	fklaw.net mail address: (to be used for future annual report notification	
rortui	ther information concerning this matter, please cal	ı.
La	wrence E. Fuentes At (Name of Contact Person	813) 933-6647 Area Code & Daytime Telephone Number
∑ C	ertified copy (optional) \$8.75 (Please send an addition	nal copy of your document if a certified copy is requested)
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallaha55CC, FL, 323T4	2410 N. MOHOC SUCCI, SUIIC 610

Tallahassee, Fl. 32303

FUENTES & KREISCHER, P.A.

ATTORNEYS AT LAW 1407 WEST BUSCH BOULEVARD TAMPA, FLORIDA J3612

LAWRENCE E. FUENTES
LEF @iklaw.net

TELEPHONE (813) 933-6647

ALBERT C. KREISCHER, JR. ACK à iklaw,net

TELECOPIER (813) 932-8588

May 21, 2020

AMENDMENT SECTION Division of Corporations P. O. Box 5327 Tallahassee, Florida 32314

RE: Associates Agency, Inc.

Ref. Number: P94000091745

Dear Sir or Madam:

We enclose herewith page 3 of the form, previously omitted from the package, together with your cover letter.

If anything further is required, please contact our office. Thank you.

Sincerely, Llorn Jann

Donna S. Jannazzo Legal Assistant

/dsj Encls.



FLORIDA DEPARTMENT OF STATE Division of Corporations

2020 FT 26 AT 2: 34

MAY , 2020

May 4, 2020

LAWRENCE E. FUENTES 1407 W. BUSCH BOULEVARD TAMPA, FL 33612

SUBJECT: ASSOCIATES AGENCY, INC.

Ref. Number: P94000091745

We have received your document and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Page 3 is missing.

The merger or share exchange should be signed by the chairman or vice chairman of the board of directors, the president or any other officer for each corporation involved in the merger or share exchange.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 120A00009132



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2020

LAWRENCE E. FUENTES 1407 W. BUSCH BOULEVARD TAMPA, FL 33612

SUBJECT: ASSOCIATES AGENCY, INC.

Ref. Number: P94000091745

We have received your document and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

As a condition of a merger, pursuant to s.607.1622(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

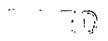
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 320A00006221

MAR 3 0 2920

ARTICLES OF MERGER



2020 11 26 AH 8: 43

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

FIRST: The name and jurisdiction of the surviving entity:				
Name	<u>Jurisdiction</u>	Entity Type	Document Number (If known/applicable)	
Associates Agency, Inc.	<u>Florida</u>	<u>Corporati</u> on	P94000091745	
SECOND: The name and jurisdiction of e	ach <u>merging</u> eligible	entity:		
Name Associates Insurance Agency	<u>Jurisdiction</u>	Entity Type	Document Number (If known/ applicable)	
of Central Florida, Inc.	Florida	Corporation	P99000090572	
			-	
	- N- N-			
	- -			

 $\overline{\text{THIRD:}}$ The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

Ø	This entity exists before the merger and is a domestic filing entity.
	This entity exists before the merger and is not authorized to transact business in Florida.
	This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
	This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection wit this merger as attached.
	This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor is attached.
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
<u>FIFT</u>	H: Please check one of the boxes that apply to domestic corporations:
≠	The plan of merger was approved by the shareholders and each separate voting group as required.
	The plan of merger did not require approval by the shareholders.
<u>SIXT</u>	TH: Please check box below if applicable to foreign corporations
	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.
<u>SEV</u>	ENTH: Please check box below if applicable to domestic or foreign non corporation(s).
	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

	ng, the delayed effective date of the merger, which at is filed by the Florida Department of State:	cannot be prior to nor more
Note: If the date inserted in this block listed as the document's effective date of	does not meet the applicable statutory filing requir on the Department of State's records.	rements, this date will not be
NINTH: Signature(s) for Each Party: Name of Entity/Organization:	Signature(s)	Typed or Printed Name of Individual:
Associates Agency, Inc.		Michael W. Rogers, Presider
Associates Insurance Agenc of Central Florida, Inc.	16785	Michael R. Rogers, Presiden
		·
	· · · · · · · · · · · · · · · · · · ·	
Corporations: General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporate Signature of a general partner or authorized personal Signature of all general partner Signature of an authorized person	

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