

F04000007043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

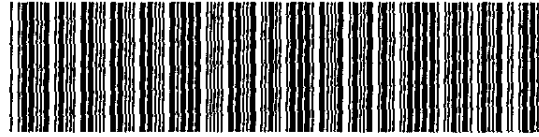
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900043027599

12/07/04--01024--009 ***97.50

2004 DEC -7 PM 2:20
TALLAHASSEE, FLORIDA

J. BROWN DEC 14 2004

JOHN D. HATCH, P.C.
A PROFESSIONAL CORPORATION
COUNSELOR AT LAW

840 S.E. 5TH STREET
OCALA, FLORIDA 34471

TELEPHONE: (352) 690-6270
FACSIMILE: (352) 690-6272

December 6, 2004

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

2004 DEC -7 PM 2:20
TALLAHASSEE, FLORIDA

**Re: KBK INSURANCE GROUP, INC. – Application for Authorization To Transact
Business in Florida**

Dear Sir or Madam:

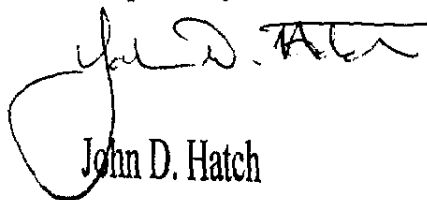
Enclosed please find an application by KBK Insurance Group, Inc., an Louisiana corporation for authorization to transact business in Florida. Also enclosed is a current certificate of existence from the Louisiana Secretary of State.

Please endorse the Secretary's file mark and file as appropriate. Kindly return a copy of the marked filing with Certification attached.

Enclosed is our check for \$87.50 payable to the **Florida Department of State** to cover the application fee.

If you require anything additional, please let me know. Thanking you for your assistance, I am,

Respectfully,


John D. Hatch

JDH:pc

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KBK Insurance Group, Inc.
(Name of corporation - must include suffix)

2004 DEC -11 PM 2:20
F-15
TALLHASSEE, FLORIDA

Dear Sir or Madam:

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:

John V. Robinson, Esq.
(Name of Person)

Robinson & Gerson, P.C.
(Firm/Company)

7102 Three Chopt Road
(Address)

Richmond, Virginia 23226
(City/State and Zip code)

For further information concerning this matter, please call:

John V. Robinson, Esq. at (804) 282-2987
(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

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

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.

2004 DEC -7 PM 2:20
RECEIVED
SECRETARY OF STATE
FLORIDA

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

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

2. Louisiana 3. 72-1169464
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/17/90 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 1425 Sams Avenue, Suite 201, Harahan, LA 70123
(Principal office address)

Same as above
(Current mailing address)

8. Non-resident insurance agency sales & service
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

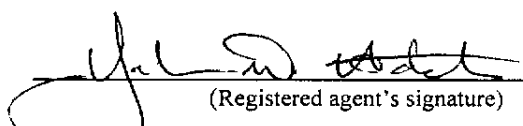
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John D. Hatch, Esq.

Office Address: 840 S.E. 5th Street

Ocala, Florida 34471
(City) (Zip code)

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.


(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.

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

A. DIRECTORS

Chairman: KENNETH P. MURRAY

Address: 1425 SAMS AVENUE, SUITE 201 HARAHAN, LA 70123

Vice Chairman: KYLE D. MURRAY

Address: 1425 SAMS AVENUE, SUITE 201 HARAHAN, LA 70123

Director: BRETT A. MURRAY

Address: 1425 SAMS AVENUE, SUITE 201 HARAHAN, LA 70123

Director: _____

Address: _____

B. OFFICERS

President: Kenneth P. Murray

Address: 1425 Sams Avenue, Suite 201

Harahan, LA 70123

Vice President: Kyle David Murray

Address: 1425 Sams Avenue, Suite 201

Harahan, Louisiana 70123

Secretary: Brett A. Murray

Address: 1425 Sams Avenue, Suite 201 Harahan, LA 70123

Treasurer: Brett A. Murray

Address: 1425 Sams Avenue, Suite 201 Harahan, LA 70123

FILE
2004 DEC - 7 PM 2:20
ALLAHASSEE, FLORIDA

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. BRETT A. MURRAY/SECRETARY-TREASURER

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana



Fox McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
KBK INSURANCE GROUP, INC.

NOV 15 2004
11 11 AM
STATE OF LOUISIANA
SECRETARY OF STATE

A LOUISIANA corporation domiciled at RIVER RIDGE,

Filed charter and qualified to do business in this State on
April 17, 1990,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*
November 15, 2004

Fox McKeithen
RHU 34354173D

Secretary of State

