Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The	The name of the corporation is Martin & Zerfoss, Inc.				
2.	It is	It is incorporated under the laws of				
3.	The	The name, if different, which it elects to use in Rhode Island is:				
	(a)	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company" "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:				
	(b)	If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:				
4.	The	date of	its incorporation is 11/21/199) 4	and the period of its duration is Perpetual	
5.	The	The address of its principal office is 2909 Poston Ave Nashville TN 37203				
6.	The	address	s of its proposed registered off	fice in Rhode Island is	222 Jefferson Boulevard, Suite 200	
•	The address of its proposed registered office in Rhode Island is 222 Jefferson Boulevard, Suite 200 (Street Address, not P.O. Box)					
	Warwick, RI02888 and the name of its proposed registered agent in Rhode Island					
	(City/Town) (Zip Code)					
	that address is Paracorp Incorporated (Name of Agent)					
				(Name	or Agent)	
7.	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
	To transact business and a non resident insurance agency.					
В.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state of country of which it is incorporated).					
			<u>Name</u>		<u>Address</u>	
	Dire	ctor	Thomas B. Zerfoss, III.		PO BOX 121587 Nashville TN 37212	
	Dire	ctor	Michael R. Martin		PO BOX 121587 Nashville TN 37212	
	Dire	ctor		FILED"		
	Dire	ctor		DEC 2 4 2015		
		Form No. 150 Revised: 06/11				

10:18

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated). Name Address PO BOX 121587 Nashville TN 37212 Thomas B. Zerfoss, III. President Vice President Treasurer PO BOX 121587 Nashville TN 37212 Michael R. Martin Secretary The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is: Par Value or Statement that Number of Shares Shares are without Par Value <u>Series</u> 10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located An estimate of the value of the corporation's property to be located within Rhode (b) Island during the following year. % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (divide (b) by (a) and multiply by 100 to obtain the percentage) 4,000,000 = An estimate of the gross amount of business to be transacted by the corporation 11. (a) during the following year. = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year. % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be (c) transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage) 12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated. 13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. 11/23/15 Thomas B. Zerfoss, III. President

Type or Print Name of Authorized Officer



STATE OF TENNESSEE Tre Hargett, Secretary of State Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

JAMIE MATHEIS **PO BOX 566 LYNDEN, WA 98264** December 3, 2015

Request Type: Certificate of Existence/Authorization

Issuance Date: 12/03/2015

Request #:

0186774

Copies Requested:

Document Receipt

Receipt #: 002331994

Filing Fee:

\$22.25

Payment-Credit Card - State Payment Center - CC #: 166141585

\$22.25

Regarding:

MARTIN & ZERFOSS, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 11/21/1994

Status:

Active

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Control #:

286608

Date Formed:

11/21/1994 Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

MARTIN & ZERFOSS, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

