## COCOOOOOOY990 TRANSMITTAL LETTER

To: Qualification/ Division of C								
SUBJECT:	AE6	INSURANC	E	SERVICES	Taio			
<del></del> ;	· · · · ·	(Name of cor	porati	on - must include su	iffix)	· <del>* · · · · · · · · · · · · · · · · · ·</del>	<del>-</del>	
Dear Sir or Madam:	ation Inc. T			Shirt .	SC	<b>米米米米米</b>	/00( /8.75	0099 7****
The enclosed "Application of Exister to transact business in	ice", and c	breign Corporation heck are submitt	on ror ed to	Authorization to Tregister the above re	ransact l eference	Business in Fl ed foreign corp	lorida", poratio	n
Please return all corres		}						
		BERT L	>	TAFFOR () Person)		<u>_</u> _	-	
<del></del>	AEG	INSURANC	E	SERVICES mpany)	TNO	C		-
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				te/Zip)			Ö	•
Should you need to call someone concerning this matter, please call:  ROBERT L. STAFFORD at (402) 393-5226							Mar Title A Ti	
(Name of Pers		<u> </u>	Area (	Code & Daytime Te	lephone	Number) =	. <del>.</del> .	. 11 - 12 -
STREET ADDRESS:				MAILING ADDI	RESS:		yr	nti
Qualification/Tax Lien Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	ıs	·		Qualification/Tax Division of Corpor P.O. Box 6327 Tallahassee, FL 3	rations	ction	8	slq
Enclosed is a check for	the follow	ing amount:						
□ \$70.00 Filing Fee		5 Filing Fee & ificate of Status	_	\$78.75 Filing Fee & Certified Copy	& <u>;</u>	\$87.50 Filing Certificate of Certified Co	of Statu	IS &

## 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	I. AEG Insurance Services, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATED abbreviations of like import in language as will clearly indicate that it is a corporation instead or partnership if not so contained in the name at present.)	TON", of a natu	or words o	or n
2	. California (State or country under the law of which it is incorporated)  3. 94–33399 (FEI number to the law of which it is incorporated)		pplicable)	
4.	. August 12, 1999  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist	t or "per	petual")	
6.	Upon Qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)	<del>.)) </del>		
7.		<del></del>		
	Burlingame, CA 94010			
8.	(Current mailing address)  The business of Insurance Agency, Broker, and/or Managaging General 7 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	gent!	A STATE OF THE STA	·
9.	Name and street address of Florida registered agent:			
	Name: C T Corporation System  C/O C T Corporation System, 1200 South Pine  Office Address: Island Road			
	Plantation , Florida, 33324 (Zip Code)			* *
Ha de: fun	D. Registered agent acceptance: Aving been named as registered agent and to accept service of process for the above stated corpusignated in this application. I hereby accept the appointment as registered agent and agree to active agree to comply with the provisions of all statutes relative to the proper and complete perform I am familiar with and accept the obligation of my position as registered agent.	at in thic	· cannait.	

(Registered agent's signature) (Officer)

(Type Name and Title of Officer)

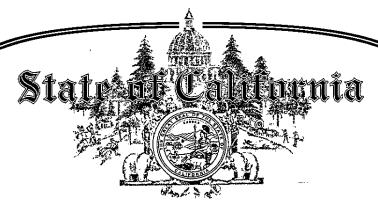
Christine M. Eastwine Assistant Secretary

(FL - 2189 - 11/16/94)

- 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 addresses of officers and/or directors:

A.	DIRECTORS	
	Chairman:	<u> </u>
	Address:	<u>.</u>
	Vice Chairman:	
	Address:	
	Director:	
	Address:	
	Director:	
	Address:	
В.	OFFICERS	
	President: Sidney Ferenc	
	Address: 839 Mitten Road	
	Burlingame, California 94010	
	Vice President:	
	Address:	
	Secretary: Steven Menzies	
	Address: 1018 Dodge St.	
	Ohe Nebwecke 69102	

rreasurer.		
Address: _		
_		
NOTE: If necessary, you and/or directors.	ou may attach an addendum to the application listing additional office	ers
13. Lidney	Leven	
(Signature of Chairma application)	an, Vice Chairman, or any officer listed in number 12 of the	
14. SIDNEY	FERENC, PRESIDENT	
(Typed or printed nan	ne and capacity of person signing application)	



## SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I. BILL JONES, Secretary of State of the State of California, hereby certify:

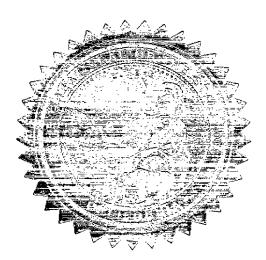
That on the 12TH day of AUGUST, 1999, AEG INSURANCE SERVICES, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 12, 2000.

BILL JONES Secretary of State