F03000005242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. BROWN OCT 23 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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

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:

Lourdes Huergas
(Name of Person)

LPA Insurance Agency, Inc.
(Firm/Company)

2399 Gateway Oaks Drive, Suite 200
(Address)

Sacramento, CA 95833
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lourdes Huergas at (**916**) **288-6418**
(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.

1. **LPA Insurance Agency, 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. **California**
(State or country under the law of which it is incorporated)

3. **68-0417308**
(FEI number, if applicable)

4. **22nd day of July, 1998**
(Date of incorporation)

5. **Perpetual**
(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.)

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TALLAHASSEE, FLORIDA

7. **2399 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833**
(Principal office address)

2399 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833
(Current mailing address)

8. **To act exclusively as an insurance agent or broker in accordance with Florida General Laws.**
(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: **Rogers Quimby**

Office Address: **1432 Court Street**

Clearwater (City), Florida **33756** (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: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: **Lawrence A. Gross**

Address: **680 East Swedesford Road, Wayne, PA 19087**

_____

Director: **Michaeal J. Ruane**

Address: **680 East Swedesford Road, Wayne, PA 19087**

_____

B. OFFICERS

President: **Timothy L. Brown**

Address: **2399 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833**

_____

Vice President: **Sarah F. Fong**

Address: **2399 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833**

_____

Secretary: **Jonelle Stenson (Title: Assistant Secretary)**

Address: **2399 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833**

Treasurer: _____

Address: _____

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. **Timothy L. Brown, President**
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of California

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ALLAHASSEE, FLORIDA

SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

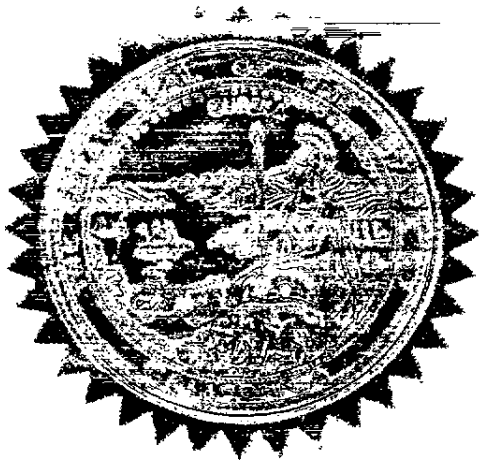
That on the **22nd day of July, 1998, LPA INSURANCE AGENCY, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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 August 7, 2003.

KEVIN SHELLEY
Secretary of State

dlm