

F-08000002580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

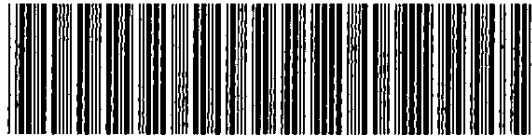
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600130977736

06/09/08--01028--022--78.75--13.75

FILED

08 JUN -9 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FL 32303

6/10/08

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lloyd S. Berkett 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:

Jeffrey S. Berkett, President

(Name of Person)

c/o Lloyd S. Berkett Insurance Agency, Inc.

(Firm/Company)

11150 West Olympic Blvd., #1100

(Address)

Los Angeles, CA 90064-1822

(City/State and Zip code)

For further information concerning this matter, please call:

Jeffrey S. Berkett, President at (310) 857-5757

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. Lloyd S. Berkett 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. 95-4372632

(FEI number, if applicable)

4. February 19, 1992

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. None

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11150 W. Olympic Blvd., Suite 1100, Los Angeles, CA 90064-1822

(Principal office address)

Same

(Current mailing address)

8. Retail Insurance

(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:

USA-RA LLC

Office Address:

841 Prudential Drive, 12th Fl.

Jacksonville

(City)

, Florida 32207

(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.

Hyle J. Jander - USA-RA LLC
(Registered agent's signature) Member

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.

FILED
08 JUN -9 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Lloyd S. Berkett

Address: 10895 Chalon Road
Los Angeles, CA 90077

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
JUN -9 PM 12:03
SECRETARY
TAL AM 103 5, 10, 10, 10

B. OFFICERS

President: Jeffrey S. Berkett

Address: 301 South El Camino Drive
Beverly Hills, CA 90212

Vice President: Sheldon I. Kravitz

Address: 219 South Peck Drive
Beverly Hills, CA 90212

Secretary: _____

Address: _____

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. Jeffrey S. Berkett, President

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

State of California
Secretary of State

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

FILED
08 JUN -9 PM 12:03
SECRETARY OF STATE
FALLS CHURCH, VA

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **19th day of February 1992**, **LLOYD S. BERKETT INSURANCE AGENCY, INC.**, became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; 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
May 25, 2008.



Debra Bowen

DEBRA BOWEN
Secretary of State