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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Brakke-Schafnitz Insurance Brokers, 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:

Gary T. Harker, Esq.
(Name of Person)

3H Corporate Services, LLC
(Firm/Company)

6 Clement Avenue
(Address)

Saratoga Springs, NY 12866
(City/State and Zip code)

For further information concerning this matter, please call:

Gary T. Harker, Esq. at (518) 583 0639 Ext. 111
(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. Brakke-Schafnitz Insurance Brokers, 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 3. 95-2704711
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/03/1971 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 28202 Cabot Road Suite 500, Laguna Niguel, CA 92677
(Principal office address)

28202 Cabot Road Suite 500, Laguna Niguel, CA 92677
(Current mailing address)

8. Insurance sales and services
(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: Christopher T. Heller

Office Address: 1970 Otter Way

Palm Harbor, Florida 34685
(City) (Zip code)

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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.

Christopher T. Heller

(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: Please see attached Schedule

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attached Schedule

Address: _____

Vice President: _____

Address: _____

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. Timothy McCann, Sr. VP and COO

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

BRAKKE-SCHAFNITZ INSURANCE BROKERS, INC.

DIRECTORS AND OFFICERS SCHEDULE

Director Schedule

Name	Business Address
James Brakke	28202 Cabot Road Suite 500, Laguna Niguel, CA 92677
Matthew Schafnitz	28202 Cabot Road Suite 500, Laguna Niguel, CA 92677
Timothy McCann	28202 Cabot Road Suite 500, Laguna Niguel, CA 92677

Officer Schedule

Name and Title	Business Address
James Brakke – President /CEO /CFO and Treasurer	28202 Cabot Road Suite 500, Laguna Niguel, CA 92677
Matthew Schafnitz - Secretary	28202 Cabot Road Suite 500, Laguna Niguel, CA 92677
Timothy McCann – SVP and COO	28202 Cabot Road Suite 500, Laguna Niguel, CA 92677
John Williams – Vice President	28202 Cabot Road Suite 500, Laguna Niguel, CA 92677

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BRASSE-SCHAFNITZ INSURANCE BROKERS, INC.

FILE NUMBER: C0633361
FORMATION DATE: 09/03/1971
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of September 17, 2008.

Debra Bowen

DEBRA BOWEN
Secretary of State