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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ep 4/2/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Leavitt Insurance Services of Los Angeles, 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," or "Certificate of Good Standing" 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:

Trista De Vries

Name of Person

Licensing Professionals

Firm/Company

P.O. Box 566

Address

Lynden, WA 98264

City/State and Zip code

tdevries@licensingpros.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trista De Vries

Name of Person

at (888) 543-5432

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 Cop ☐ \$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. Leavitt Insurance Services of Los Angeles, 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. CA 3. 95-4211011

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 02/08/1989

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 21650 Oxnard Street, Suite 1825, Woodland Hills, CA 91367

(Principal office address)

21650 Oxnard Street, Suite 1825, Woodland Hills, CA 91367

(Current mailing address)

8. to act as an Insurance Producer

(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: Paracorp Incorporated

Office Address: 236 East 6th Avenue

Tallahassee

(City)

, Florida 32303

(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.

See Attached

(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.

FILED
10 APR -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: March 24, 2010

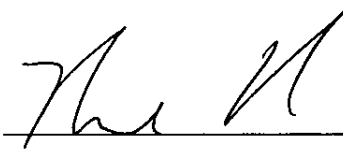
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10 APR - 1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME: LEAVITT INSURANCE SERVICES OF LOS ANGELES, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached

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. Douglas Fyfe / Sr. Exec VP & Director

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**List of Officers and Directors for:
Leavitt Insurance Services of Los Angeles, Inc.**

Douglas D. Fyfe
Sr. Exec. Vice President & Director
21650 Oxnard St., Suite 1825
Woodland Hills, CA 91367

Cynthia D. Levy
Sr. Exec. Vice President & Director
21650 Oxnard St., Suite 1825
Woodland Hills, CA 91367

Chris Utterback
President & Director
21650 Oxnard St., Suite 1825
Woodland Hills, CA 91367

Eric O. Leavitt
Director & Chairman of the Board
21650 Oxnard St., Suite 1825
Woodland Hills, CA 91367

Dane O. Leavitt
Director
21650 Oxnard St., Suite 1825
Woodland Hills, CA 91367

Mark G. Kenney
Secretary
21650 Oxnard St., Suite 1825
Woodland Hills, CA 91367

Joseph C. Callister
Treasurer
21650 Oxnard St., Suite 1825
Woodland Hills, CA 91367

FILED
10 APR -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LEAVITT INSURANCE SERVICES OF LOS ANGELES, INC.

FILE NUMBER: C1633263
FORMATION DATE: 02/08/1989
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
10 APR -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 March 03, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State