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J. Shivers OCT 20 2010

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** YOUZOOM INSURANCE SERVICES, 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:

SARA RODRIGUEZ

Name of Person

YOUZOOM INSURANCE SERVICES, INC.

Firm/Company

701 B STREET, SUITE 2100

Address

SAN DIEGO, CA 92101

City/State and Zip code

SRODRIGUEZ@ARROWHEADGRP.COM

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

For further information concerning this matter, please call:

SARA RODRIGUEZ

Name of Person

at ( 619 ) 881-8672

Area Code & Daytime Telephone Number

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**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. YOUZOOM INSURANCE SERVICES, 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. 80-0570860
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/26/10 5. PERPETUAL
(Date of incorporation) (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. 701 B STREET, SUITE 2100 SAN DIEGO, CA 92101
(Principal office address)

701 B STREET, SUITE 2100 SAN DIEGO, CA 92101
(Current mailing address)

8. INSURANCE AGENCY
(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: HIQ CORPORATE SERVICES, INC.

Office Address: 1574 VILLAGE SQUARE DRIVE

TALLAHASSEE, Florida 32309
(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.

Kelli C. Flannery
(Registered agent's signature)

KELLI C. FLANNERY, VICE PRESIDENT
HIQ CORPORATE SERVICES, INC.

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: CHRIS L. WALKER

Address: 701 B STREET, SUITE 2100

SAN DIEGO, CA 92101

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: RYAN P. O'CONNOR

Address: 701 B STREET, SUITE 2100

SAN DIEGO, CA 92101

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: ROBERT K. SCHRANER

Address: 701 B STREET, SUITE 2100 SAN DIEGO, CA 92101

Treasurer: DAVID M. ARMSTRONG

Address: 701 B STREET, SUITE 2100 SAN DIEGO, CA 92101

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. RYAN P. O'CONNOR, PRESIDENT

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

**State of California  
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

YOUZOOM INSURANCE SERVICES, INC.

FILE NUMBER: C3254495  
FORMATION DATE: 02/26/2010  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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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 August 17, 2010.

**DEBRA BOWEN**  
Secretary of State