F11000003238

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000196925 3)))

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RE-SUBMIT
Please retain original filing
date of submission 8-4-11

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
APPLECARE INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$70.00

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11 AUG 10 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8213176 SQ

August 8, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: APPLECARE INSURANCE SERVICES, INC.
REF: W11000041358

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The attached page for additional dirctors was not included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H11000196925
Letter Number: 511A00018566

RE-SUBMIT
Please retain original filing
date of submission 8/4

August 5, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

,

SUBJECT: APPLECARE INSURANCE SERVICES INC.
REF: W11000041035

Please retain original filing date of submission 8-4-11

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

In section #12, a note refers to an attached addendum. The was no attachment included with this FAX filing.

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000196925
Letter Number: 011A00018431

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AppleCare 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:

Name of Person

AppleCare Insurance Services, Inc.
Firm/Company

Address

City/State and Zip code

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

For further information concerning this matter, please call:

Sharon Stuckmayer at (612) 936-3962
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

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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. AppleCare Insurance Services Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ins," "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. 20-3420686
(FEI number, if applicable)

4. 09/02/2005
(Date of incorporation)

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

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

7. 6131 Orangethorpe Avenue, Suite #280, Buena Park, CA 90620
(Principal office address)

6131 Orangethorpe Avenue, Suite #280, Buena Park, CA 90620
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of California and permitted under the Florida Business Corporation Act.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.

C T Corporation System

By: Michele Miller Assistant Secretary
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: Vinod Jivrajka, MD

Address: 6131 Orangethorpe Avenue, Suite #280, Buena Park, CA 90620

_____

Director: Surendra Jain, MD

Address: 6131 Orangethorpe Avenue, Suite #280, Buena Park, CA 90620

NOTE: REFER TO ATTACHED ADDENDUM FOR ADDITIONAL DIRECTORS

B. OFFICERS

President: CEO - Vinod Jivrajka, MD

Address: 6131 Orangethorpe Avenue, Suite #280, Buena Park, CA 90620

_____

Vice President: _____

Address: _____

_____

Secretary: Surendra Jain, MD

Address: 6131 Orangethorpe Avenue, Suite #280, Buena Park, CA 90620

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

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. Vinod Jivrajka, President, CEO and Director

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

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Entity Name: Addendum for Additional Directors AppleCare Insurance Services, Inc.

Mikan III, George Lawrence	Director	9900 Bren Road East, Minnetonka, MN 55343
Munsell, William Arnold	Director	9900 Bren Road East, Minnetonka, MN 55343
Owens, Dawn Marie	Director	6300 Olson Memorial Highway, Golden Valley, MN 55427

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

APPLECARE INSURANCE SERVICES INC.

FILE NUMBER:	C2799385
FORMATION DATE:	09/02/2005
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 August 03, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State

NP-25 (REV 1/2007)

ATW