# F1500003780

(Requestor's Name) (Address) (Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
(======================================
Certified Copies Certificates of Status
Consisting of Street
Special Instructions to Filing Officer:
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Office Use Only



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### **COVER LETTER**

	tration Se	ection rporations				
SUBJECT:		rance Brokers of the	ne West Inc.			
SUBJECT.		Name	of corporatio	n - m	ust include suffix	
Dear Sir or M	ladam:					
"Certificate o	f Existenc		e of Good Sta	ndin	g" and check are sul	nct Business in Florida," comitted to register the
Please return Cathy Madeks	-	pondence concer	ning this matte	r to	the following:	
			Name of	Pers	son	
Risk Insurance	Brokers o	f the West				
	1181	**	Firm/Cor	npan	y	
11455 El Cami	ino Real			•		
			Addı	ess		
San Diego, CA	92130					
			City/State a	and 2	Zip code	
cmadeksiak@i	cwgroup.c	om				
		E-mail addres	s: (to be used	for 1	uture annual report	notification)
For further in	formation	concerning this	matter, please	call:		
Cathy Madeksiak		858 at (	`	350-2509		
Name	e of Perso	on	Area Coo	ie .	Daytime Telep	hone Number
Regis Divisi Clifto 2661 Tallal	tration Se ion of Cor in Buildin Executive nassee, FL	rporations g e Center Circle			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7
■ \$70.00 Fil	ing Fee	S78.75 Filir Certificate			78.75 Filing Fee & ertified 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.

(If name unavailable in Florida, enter al	Itemate corporate name adopted for	the purpose of transacting by	usiness în Florida)
California (State or country under the law of whice	3		
(State or country under the law of which	ch it is incorporated)	(FEI number, if applic	able)
. <u>February 7, 1978</u>	5		
(Date of incorporation)	(I	Date of duration, if other than	n perpetual)
February	9, 2015		
	rst transacted business in Florida, if one 607.1501 & 607.1502, F.S., to		H 22
1300 Shetter Ave, Ste	6210 Jacksonville Bea	ch, FL 32250	
	(Principal office add	iress)	The R
P.O. Box 85563 San Diego	o, CA 92186		ြို့ တွ
	(Current mailing address, it	f different)	<u> </u>
. Name and street address of Florida r	registered agent: (P.O. Box NO	Tacceptable)	
Name: CT COYPDIC	ation System		
office Address: 1200 S. Pin	re Island Dr		•
Panta	(City), Flori	ida <u>33324</u> (Zip code)	
Registered agent's acceptance: laving been named as registered agen esignated in this application, I hereby orther agree to comply with the provis uties, and I am familiar with and acc	y accept the appointment as reg sions of all statutes relative to the	istered agent and agree t he proper and complete p	o act in this capacity.

10. 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.

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

A. DIR	ECTORS Kimberly K Anthony			
Address:	11455 El Camino Real	_		
Address:	San Diego, CA 92130			-
Vice Chai	irman:			
Address:				
Director:	Mary E Cannon		<u></u>	
Address:	11455 El Camino Real			
	San Diego, CA 92130		•	17300000
Director:	Fariborz Rostamian			
Address:	11455 El Camino Real			
_	San Diego, CA 92130		5	
B. OFF	ICERS	20-77	an a	- 1 
President:	Kimberly K Anthony	S. 27	24	g therefolks
Address:	11455 El Camino Real		Ī	· · · · ·
	San Diego, CA 92130	9	8: 57	<u>_</u> _
Vice Pres	ident:	>		
Addiess.				
Secretary:	Mary E Cannon			
Address:	11455 El Camino Real San Diego, CA 92130			
Treasurer	Fariborz Rostamian			
Address:	11455 El Camino Real San Diego, CA 92130			
	If necessary, you may attach an addendum to the application listing additional officers at	nd/or direc	tore	
12/	Maley E Gomman	nu/or unec	ws.	
i ne offic are true a	Signature of Director or Officer ter or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Department of the Depar	the facts st	ated he	erein titutes
131	Mary E. Cannon Secretary (Typed or printed name and capacity of person signing application)			

# Application by Foreign Corporation for Authorization to Transact Business in Florida Addendum

11B. The names and respective addresses of the officers and directors of the corporation are (indicate the applicable title of each officer and each director; attach additional page if needed):

Name Title Address

Misako Froehler Assistant Secretary 11455 El Camino Real San Diego, CA 92130

### State of California

### Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

RISK INSURANCE BROKERS OF THE WEST

FILE NUMBER:

C0838562

FORMATION DATE:

02/07/1978

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 10, 2015.

> ALEX PADILLA Secretary of State