

F16000003389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

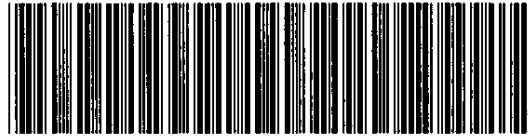
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: *NOT our form W1648379*

Office Use Only



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2016 JUL 29 P 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
AUG 01 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2016

CATHERINE LEWIS
1100 W. TOWN & COUNTRY RD, SUITE 1400
ORANGE, CA 92868 US

SUBJECT: ALLIED PROFESSIONALS' INSURANCE SERVICES INC.
Ref. Number: W16000048379

We have received your document for ALLIED PROFESSIONALS' INSURANCE SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00014581

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied Professionals' 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:

Catherine Lewis

Name of Person

Allied Professionals' Insurance Services

Firm/Company

1100 W. Town & Country Rd., Suite 1400

Address

Orange, CA 92868

City/State and Zip code

clewis@councilsupport.com

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

For further information concerning this matter, please call:

Catherine Lewis

800

860-8330

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Allied Professionals' 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. CA 3. 73-1648672
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/31/2002 5. _____
(Date of incorporation) (Date of duration, if other than 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. 1100 W. Town & Country Rd., Ste. 1400 Orange, CA 92868
(Principal office address)

_____ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. 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.

Bill Havre Bill Havre/Secretary/Registered Agents Inc.

(Registered agent's signature)

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. DIRECTORS

Chairman: See Attached

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.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Philip Stump - President

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

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2018 JUL 29 P 4: 21
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TALLAHASSEE FLORIDA

Allied Professionals' Insurance Services

11. Officers and Directors are the same:

Philip Stump - President: 1100 W. Town & Country Road, Suite 1400 Orange, CA 92868

Michael Schroeder – Vice President and Secretary: 1100 W. Town & Country Road, Suite 1400 Orange, CA 92868

Douglas Hauser – CFO: 1100 W. Town & Country Road, Suite 1400 Orange, CA 92868

Marilyn Allen – Director of Marketing: 1100 W. Town & Country Road, Suite 1400 Orange, CA 92868

Dr. Stuart Hoffman - Director of Operations: 8501 E. Princess Drive, Suite 130 Scottsdale, AZ 85255

SECRETARY OF STATE
TAMMASEE, FLORIDA

2012 09 29 P 4: 21

FILED

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ALLIED PROFESSIONALS' INSURANCE SERVICES

FILE NUMBER: C2418901
FORMATION DATE: 05/31/2002
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 June 14, 2016.

ALEX PADILLA
Secretary of State