

F00000007084

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

1 MJH

SUBJECT: SNA Corporation  
(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", 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:

W-27849

Lola Fairley  
(Name of Person)

600003462746--7  
11/14/00--01038--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SNA Corporation  
(Firm/Company)

200 OceanGate, Suite 1150  
(Address)

Long Beach / Ca 90802  
(City/State and Zip code)

For further information concerning this matter, please call:

Lola Fairley at (562) 436-0099  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 27, 2000

LOLA FAIRLEY  
SNA CORPORATION  
200 OCEANGATE, SUITE 1150  
LONG BEACH, CA 90802

SUBJECT: SNA CORPORATION  
Ref. Number: W00000027849

00107, 00310  
00855 - 02544 00671

We have received your document for SNA CORPORATION and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 800A00060072



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 13, 2000

LOLA FAIRLEY  
SNA CORPORATION  
200 OCEANGATE, SUITE 1150  
LONG BEACH, CA 90802

SUBJECT: SNA CORPORATION  
Ref. Number: W00000027849

We have received your document for SNA CORPORATION and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

You must complete the attached resolution. Choose only ONE alternate name and have it signed by an officer or director.,

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 800A00060072

**RESOLUTION OF BOARD OF DIRECTORS**  
(Please print or type)

I, the undersigned Desmond A. Armstrong, do hereby certify  
(Name)

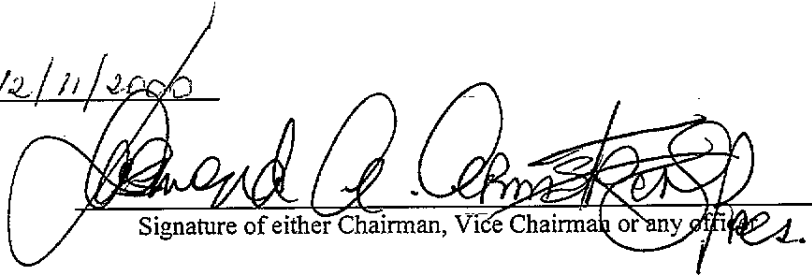
that this Resolution of the Board of Directors of \_\_\_\_\_  
SNA Corporation  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of California,  
was duly adopted on March 3rd 20 1972.

Be it resolved, that SNA Corporation  
(Corporate Name)

organized and existing in the State of California, hereby adopts the name  
Armstrong Co. Insurance Consultants, The for use in Florida.

Dated: 12/11/2000

  
Signature of either Chairman, Vice Chairman or any officer.

Desmond A. Armstrong President  
Type or print Name

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. SNA Corporation  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. California 3. 95-2757348  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 3rd 1972 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. upon qualification  
(Principal office address)  
200 OceanGate Suite 1150 Long Beach / Ca 90802  
(Current mailing address)

8. to sell insurance  
(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 or Mail Drop Box NOT acceptable)  
Name: CT Corporation System  
Office Address: 1200 Pine Island Rd  
Plantation / Fl, Florida 33324  
(City) (Zip code)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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.*

David I. Farber  
DAVID I. FARBER  
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.

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

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: Desmond Anthony Armstrong

Address: 200 Oceangate Suite 1150  
Long Beach / Ca 90802

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

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

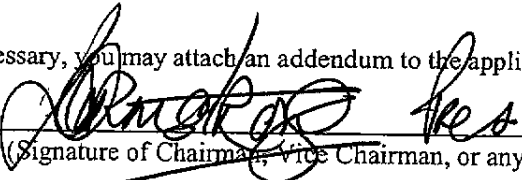
Secretary: Ann Armstrong

Address: 200 Oceangate Suite 1150, Long Beach / Ca 90802

Treasurer: \_\_\_\_\_

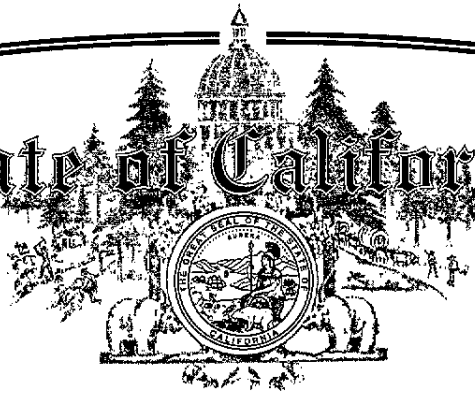
Address: \_\_\_\_\_

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Desmond Anthony Armstrong President  
(Typed or printed name and capacity of person signing application)

# State of California



## SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **3rd day of March, 1972, SNA CORPORATION** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 13, 2000.



*Bill Jones*  
BILL JONES  
Secretary of State

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