

F02000005369

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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10/24/02--01017--025 **78.75

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TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS

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1000-30756
p/23
rest



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 24, 2002

CT CORPORATION

SUBJECT: CONSOLIDATED ORANGE COUNTY INSURANCE AGENCIES INC
Ref. Number: W02000030756

We have received your document for CONSOLIDATED ORANGE COUNTY INSURANCE AGENCIES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 402A00058855

CT CORPORATION

CORPORATION(S) NAME

Consolidated Orange County Insurance Agencies Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name	10/24/02	Order#: 5583196
Availability _____		
Document		
Examiner _____	<i>ms</i>	Ref#: _____
Updater _____		
Verifier _____		
W.P. Verifier _____		Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consolidated Orange County Insurance Agencies 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", 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:

Randall Glenn Larson
(Name of Person)
Consolidated Orange County Insurance Agencies
(Firm/Company)
18551 Von Karman Ave.
(Address)
Irvine CA 92612-1553
(City/State and Zip code)

For further information concerning this matter, please call:

Shannan Wilson at (949) 862-4900 x227
(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

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. Consolidated Orange County Insurance Agencies Inc.

(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. 33-0265734
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09-01-1987 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. 18551 Von Karman Ave Ste 120 Irvine CA 92612
(Principal office address)

18551 Von Karman Ave Ste 120 Irvine CA 92612
(Current mailing address)

8. To accommodate clients w/ interests in Florida
(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)

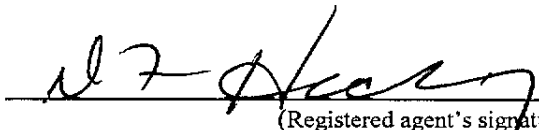
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.


(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:

Dimitrios Lewis Papastathis

Address:

1920 East 17th St Ste 130
Santa Ana Ca 92705

Vice Chairman:

Address:

Director:

Robert Talley Walker

Address:

1920 East 17th St Ste 130
Santa Ana Ca 92705

Director:

Address:

B. OFFICERS

President:

^{lenn}
Randall G. Larson

Address:

18551 Von Karman Ave Ste 120
Irvine CA 92612-1553

Vice President:

Robert Leland Rohrer

Address:

18551 Von Karman Ave Ste 120
Irvine CA 92612-1553

Secretary:

Russell Duane McFarland

Address:

18551 Von Karman Ave Ste 120, Irvine, CA 92612-1553

Treasurer:

Leonard Edward Freeman

Address:

1920 East 17th St Ste 130, Santa Ana, Ca
92705

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. Randall Glenn Larson

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

**CALIFORNIA
DEPARTMENT OF INSURANCE
CERTIFICATE OF LICENSE STATUS**

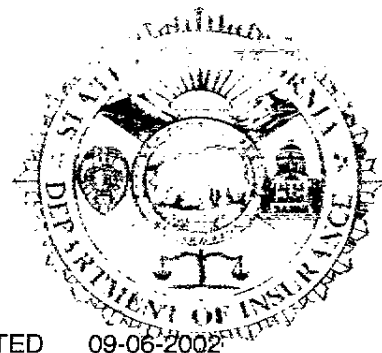
CONSOLIDATED ORANGE COUNTY INSURANCE AGENCIES

This is to certify that the named licensee has complied with our qualification standards and is licensed in this state as follows:

License Number	License Type	Status	Effective Date	Expiration Date
0739053	Resident Insurance Producer	Active	08-03-2000	01-31-2004
	Qualification Type			
	Fire and Casualty Broker-Agent	Active	08-03-2000	
	Life Agent	Inactive	01-31-1996	

Individual Associations	Association Type	Effective Date
FREEMAN, LEONARD EDWARD	Endorsee	01-04-1988
LARSON, RANDALL GLENN	Endorsee	01-04-1988
McFARLAND, EDWARD VEAN	Endorsee	01-04-1988
McFARLAND, RUSSELL DUANE	Endorsee	03-05-1990
PAPASTATHIS, DIMITRIOS LEWIS	Endorsee	12-05-1995
ROHRER, ROBERT LELAND	Endorsee	01-04-1988

Bond on file to act as an insurance broker.



DATED 09-06-2002

Harry W. Low
INSURANCE COMMISSIONER

BY *Keith K. Kuyssich*
DEPUTY INSURANCE COMMISSIONER

SHANNAN WILSON
JGF/DAVEY & LARSON/SWANK
18551 VON KARMAN AVE, SUITE 120
IRVINE, CA 92612-1553



SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION

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

That on the **10TH** day of **SEPTEMBER, 1987**, **CONSOLIDATED ORANGE COUNTY INSURANCE AGENCIES** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

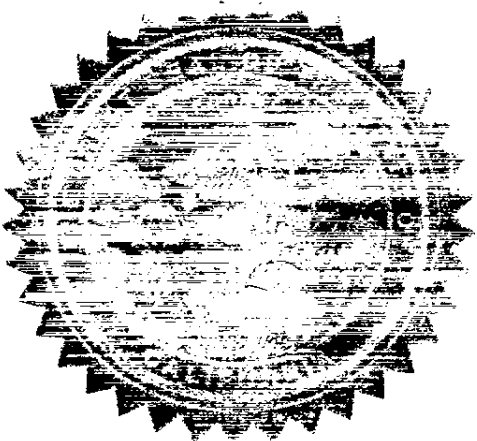
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

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 **August 16, 2002**.



Bill Jones
BILL JONES
Secretary of State