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	COST LIMIT	: \$ 70.00	
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	FOREIGN FI	LINGS	
NAME :	PEACHTREE WEST BROKERS, INC.	INSURANCE	
<u>XXXX</u> QUALIFI	CATION (TYPE: <u>CO</u>)	₽ - ₽
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILING:	
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STA		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITT REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1.	Peachtree	West	Insurance	Brokers,	Inc.				-	6
	(Enter name of	of corpo	oration; must	include "IN	CORPO	RATED,"	"COMPANY,"	"CORI	PORA	TÍON
	"Inc.," "Co.,"	"Corp,	" "Inc," "Co,	" or "Corp.")					٠

	(If name unavailable in Florida, enter alternate corporate na	me	adopted for the	purpose of transac	ting business in Florida)					
2.	California	3.	71-0948681							
	(State or country under the law of which it is incorporated)			pplicable)						
4.	May 01, 2003	5.	Perpetual							
	(Date of incorporation)		(Duration: Y	ear corp. will cease	to exist or "perpetual")					
6.	Upon Qualification		<u> </u>		-					
	(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.)									
	c/o Peachtree West Insurance Brokers, Inc.,				vđ.					
7.	Los Angeles, CA 90025				-					
	(Principal office	add	ress)		• • •					
	Suite 402, 12301 Wilshire Blvd., Los Angeles, CA_90025									
	(Current mailing address)									
8.	See Attached Rider 1		<u> </u>		•					
	(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 ager	nt:	(P.O. Box or l	Mail Drop Box <u>N</u>	OT acceptable)					
	Name: Corporation Service Company									
0	ffice Address: 1201 Hays Street		<u> </u>	:	1					

 Tallahassee
 ______, Florida 32301

 (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.

Corporation Service Compar ODer Deborah D. Skipper Asst. V. Pres. (Registered agent's signature)

Assistant Vice President

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:

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A. DIRECTORS						
Chairman: <u>see attach</u>	ed officers/directors r			195. m		
Address:				æ		<u>×</u>
	<u></u>		، مىچىرى .			<u>.</u>
Vice Chairman:	<u> </u>			, 		• ,
Address:	<u></u>			E		
			- <u> </u>	·		
Director:	······································					
Address:	- <u></u>		<u> </u>		· · · ·	<u>.</u>
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Director:	<u></u>				:	- -
Address:	-					
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B. OFFICERS						
President: See attache	d officers/directors ri	der) 		
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Secretars			- <u></u>		+	
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Address:	<u> </u>		<u> </u>			-
NOTE: If necessary, you	n may attach an addendum to the	application listing	additional offic	ers and/or direc	tors.	
13	AX IV LOW LOA	h		۹ ۱۹		
(Signatur	e of Director or Officer Usted in	number 12 of the a	pplication)			·
14. Thomas M. Donegan			· · · · · · · · · · · · · · · · · · ·			
(*	Fyped or printed name and capa	city of person signi	ng application)	1		

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RIDER 1

FL-Application by Foreign Corporation for Authorization

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Peachtree West Insurance Brokers, Inc.

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To engage in any act or activity for which corporations may be organized. To engage in all insurance-related business as an insurance agent/broker. To engage in any act or activity for which corporations may be organized.

Name ... -Office هت و Ken Kirk Director/President 4041 N. Central Ave., Ste. 1500 ţ Phoenix, AZ 85012 Rick Mortimer Vice President 475 S. State College Blvd. Brea, CA 92821 Vernelle Mortimer Vice President 475 S. State College Blvd. <u>.....</u> Brea, CA 92821 Kelly Swanson Vice President 4041 N. Central Ave., Ste. 1500 Phoenix, AZ 85012 Susan M. Rodriguez _Vice President 109 N. "H" Street Lompoc, CA 93436 Laurel L. Grammig Vice President/Secretary 401 E. Jackson St., Ste. 1700 Tampa, FL 33602 Thomas M. Donegan, Jr. -Vice President/Assistant Secretary 401 E. Jackson St., Ste. 1700 Tampa, FL 33602 - -----Cory T. Walker Treasurer 220 S. Ridgewood Ave. Daytona Beach, FL 32114

PEACHTREE WEST INSURANCE BROKERS, INC.

