# F04000000 636

(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:
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Office Use Only



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F04-634

## Registry Agents & Brokers

January 26, 2004

10077 Grogan's Mill Road, Suite 300 The Woodlands, Texas 77380

> 281-367-0380 281-364-1452 fax www.mglconsulting.com

Via Airborne Express

Florida Secretary of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Aero Insurance Brokers, Inc.; Request for Certificate of Authority for Florida.

Dear Sir/Madam:

With regard to the above captioned matter, we would like to request a Certificate of Authority regarding Aero Insurance Brokers, Inc. Our client has asked that we handle their insurance agency licensing and state registration with the State of Florida. Therefore, on behalf of our client, enclosed please find the following documents.

- 1. One (1) originally executed Florida Certificate of Authority application;
- 2. One (1) original Certificate of Good Standing from the state of California; and
- 3. One (1) check in the amount of \$70.00 to cover the fee.

Please return the approved Certificate of Authority in the enclosed Airborne Express envelope attention at the following address:

MGL Consulting Corporation Attention: Insurance Division - Sharon Page 10077 Grogan's Mill Road, Suite 300 The Woodlands, Texas 77380

Should you have any questions regarding this request or require additional documentation, please call me

Singerely,

Sharen Page Associate

Enclosures (as stated)

cc: Ms. Patty Moonan, Van Gilder Insurance Corporation (w/enclosures)

a division of . . .

IGL Consulting Corporation

Leaders in Registration and Compliance™

## TRANSMITTAL LETTER

TO: Registration S Division of C				
SUBJECT:	Aero Insurance Brokers, Inc.			
	(Name of corporation - must include suffix)			
Dear Sir or Madam:				
	cation by Foreign Corporation for Authorization to Transact Business in Florida", nce", and check are submitted to register the above referenced foreign corporation a Florida.			
Please return all corre	espondence concerning this matter to the following:			
Ms. Patty Moonan				
	(Name of Person)			
Van Gilder Insurance C	Corporation c/o Aero Insurance Brokers, Inc.	-		
	(Firm/Company)			
700 Broadway, #1000		,		
	(Address)			
Denver, CO 80203				
	(City/State and Zip code)			
For further information concerning this matter, please call:				
Sharon Page	at (281) 863-6114			
(Name of Per	(City/State and Zip code)  OL JAH  OL	-		
STREET ADDRESS Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 3239	Registration Section Ons Division of Corporations P.O. Box 6327			
Enclosed is a check for	or the following amount:			
<b>5</b> \$70.00 Filing Fee	□ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status &			

#### 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.

words or abbre	oration; must include the word "INCORPOR viations of like import in language as will cloor partnership if not so contained in the name	early	indicate that it is a corporation instead of a
2. California		3.	33-0169407
	y under the law of which it is incorporated)		(FEI number, if applicable)
4. 05/19/1986			Perpetual
(Date of incorporation)			(Duration: Year corp. will cease to exist or "perpetual")
. upon qualifica	tion		
(Date first trans			transacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)
2006 Palomar	Airport Road, #220, Carlsbad, CA 92008		
-	(Principal office	-	ess)
700 Broadway,	, #1000, Denver, CO 80203		
· · · · · · · · · · · · · · · · · · ·	(Current mailing	addr	ess)
To engage in s	elling insurance products.	.4	
(Purpose	e(s) of corporation authorized in home state of	r cou	intry to be carried out in state of Florida)
. Name and <u>st</u>	reet address of Florida registered age	nt: (	(P.O. Box or Mail Drop Box NOT acceptable)
Name:	C T Corporation System	·	
Office Address:	1200 South Pine Island Road,	· · · · · · · · · · · · · · · · · · ·	OF STATE STATE TO THE STATE OF
	Plantation,		Florida 33324
			(Zip code)

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.

C T Corporation System

Howard L. Volz Asst. 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. DIRECTO	JRS		
Chairman: See	attached listing.		
Address:			<u></u>
			<u></u>
Vice Chairman:			
Address:			<u>,</u> · - –
Director:			
Address:	and the second s		<u>.</u> ,
Director:			
Address:	12 · · · · · · · · · · · · · · · · · · ·		
B. OFFICER			
President: See	attached listing.		
Address.	Āģ	<b>P</b>	
Vice President	\	JAN	
	£X	27.	
Address:	note that the second se	32	Ö
		ाउ	
Secretary:		- 3	_
Address:		<u> </u>	<u></u> =
Treasurer:		,	
Address:			<u> </u>
NOTE: If nec	essary, you may attach an addendum to the application listing additional officers and/or director	·S.	
	Sal Harris & Sait Trans	<b></b>	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14. <u>Ed</u>	WAY HAYFING TON JV SECRETARY-TYPASUREV (Typed or printed name and capacity of person signing application)		

### Aero Insurance Brokers, Inc. Officers and Directors Listing

Name:

Del I G. Van Gilder, Jr.

Title:

Chairman

**Business Address:** 

800 Broadway, Suite 100

Denver, CO 80203

Name:

Lawrence Mattiello

Title:

President

**Business Address:** 

15301 Spectrum Drive, Suite 500

Addison, TX 75001

Name:

Timothy M. Hutter

Title:

Senior Vice President

**Business Address:** 

2006 Palomar Airport Road, Suite 220

Carlsbad, CA 92008

Name:

Virginia Rodriguez

Title:

Vice President

**Business Address:** 

2006 Palomar Airport Road, Suite 220

Carlsbad, CA 92008

Name:

Krista R. Curry

Title:

Vice President

**Business Address:** 

15301 Spectrum Drive, Suite 500

Addison, TX 75001

Name:

Edward M. Harrington, Jr.

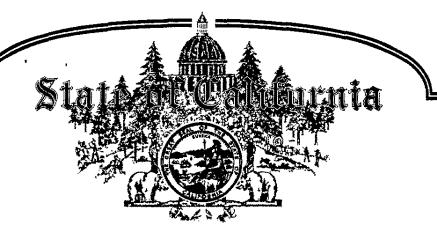
Title:

Secretary/Treasurer

**Business Address:** 

800 Broadway, Suite 1000

Denver, CO 80203



### SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

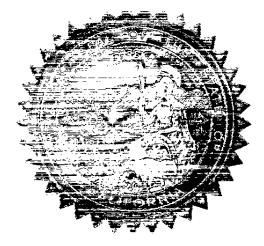
I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 19th day of May, 1986, AERO INSURANCE BROKERS, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; 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 December 3, 2003.

KEVIN SHELLEY Secretary of State