

FD400000000073

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000025951 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428RECEIVED
04 FEB -5 PM 8:13
DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

Mutual Service Corporation

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing

Public Access Help

IB
2504

**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. Mutual Service Corporation dba Mutual Insurance Services 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. Washington 3. 91-1304804
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/21/1985 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. 1108 S 322nd Pl, Federal Way, WA 98003
(Principal office address)
PO Box 6109 Federal Way, WA 98063-6109
(Current mailing address)

8. See Attachment
(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: c/o C T 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.

C T Corporation System
By Kathleen C. Carlepy
(Registered agent's signature)
Kathleen C. Carlepy, Asst. Sec.

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: ERIC LEAVITT

Address: 1108 S 322nd Pl
Federal Way, WA 98003

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHMENT

President: CONNIE DIVELEISS

Address: 1108 S 322nd Pl
Federal Way, WA 98003

Vice President: NICOLE ROGERS

Address: 1108 S 322nd Pl
Federal Way, WA 98003

Secretary: CAROLYN DYCK

Address: 1108 S 322nd Pl Federal Way, WA 98003

Treasurer: TONY BIGELOW

Address: 1108 S 322nd Pl Federal Way, WA 98003

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

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

14. ERIC LEAVITT
(Typed or printed name and capacity of person signing application)

Attachment to Florida

Purpose Clause

To engage in the business of insuring real and personal property as a wholesaler, providing products to be sold through independent insurance agencies.

Officers & Directors

- | | | |
|----|-------------------|-----------------------|
| 1. | Full Name: | CONNIE DIVELBISS |
| | Officer/Director: | Officer |
| | Officer's Title: | PRESIDENT |
| | Business Address: | 1108 S 322nd Pl |
| | City: | Federal Way |
| | State: | WA |
| | ZIP Code: | 98003 |
| 2. | Full Name: | NICOLE ROGERS |
| | Officer/Director: | Officer |
| | Officer's Title: | SENIOR VICE PRESIDENT |
| | Business Address: | 1108 S 322nd Pl |
| | City: | Federal Way |
| | State: | WA |
| | ZIP Code: | 98003 |
| 3. | Full Name: | CAROLYN DYCK |
| | Officer/Director: | Officer |
| | Officer's Title: | SECRETARY |
| | Business Address: | 1108 S 322nd Pl |
| | City: | Federal Way |
| | State: | WA |
| | ZIP Code: | 98003 |
| 4. | Full Name: | TONY BIGELOW |
| | Officer/Director: | Officer |
| | Officer's Title: | TREASURE |
| | Business Address: | 1108 S 322nd Pl |
| | City: | Federal Way |
| | State: | WA |
| | ZIP Code: | 98003 |
| 5. | Full Name: | Connie Divelbiss |
| | Officer/Director: | Officer |
| | Officer's Title: | President |
| | Business Address: | 1108 S 322nd Pl |
| | City: | Federal Way |
| | State: | WA |
| | ZIP Code: | 98003 |
| 6. | Full Name: | Nicole Rogers |
| | Officer/Director: | Officer |

Officer's Title:
Business Address:
City:
State:
ZIP Code:

Vice President
1108 S 322nd Pl
Federal Way
WA
98003

04 FEB 04 11:04 AM
SECURITY
FALL AHEAD

04 FEB 04 11:04 AM

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF MUTUAL SERVICE CORPORATION

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 9/12/1985.

I FURTHER CERTIFY that as of the date of this certificate, MUTUAL SERVICE CORPORATION remains active and has complied with the filing requirements of this office.

Date: December 29, 2003

UBI: 600-634-668



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State