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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cypress Point - Arrowhead General Insurance Agency, 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:

Denise Graham
(Name of Person)

Arrowhead General Insurance Agency, Inc
(Firm/Company)

701 B Street, Suite 2100
(Address)

San Diego, CA 92101
(City/State and Zip code)

For further information concerning this matter, please call:

Denise Graham at (619) 881-8510
(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

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**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. Cypress Point- Arrowhead General Insurance Agency, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 94-3104489
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/20/01 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2305 Northside Drive, Suite 450 San Diego, CA 92108
(Principal office address)
2305 Northside Drive, Suite 450 San Diego, CA 92108
(Current mailing address)

8. Insurance Agency
(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 NOT acceptable)

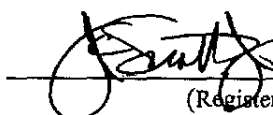
Name: H1Q Corporate Services, Inc.

Office Address: 1574 VILLAGE SQUARE BLVD S-100

Tallahassee, Florida 32309
(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.

 PRESIDENT FOR H1Q CORPORATE SERVICES, INC.
(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:

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A. DIRECTORS

Chairman: Patrick J. Kilkeny

Address: 701 B Street, Suite 2100
San Diego, CA 92101

Vice Chairman: n/a

Address: _____

Director: Francis D. Ruyk

Address: 701 B Street, Suite 2100
San Diego, CA 92101

Director: Marianne Harman

Address: 701 B Street, Suite 2100
San Diego, CA 92101

+ See attached

B. OFFICERS

President: William Robert Trzos

Address: 23605 Northside Drive, Suite 450
San Diego, CA 92108

Vice President: Edward Jerome Batcheller III

Address: 701 B Street, Suite 2100
San Diego, CA 92101

Secretary: Robert K. Schraner

Address: 701 B Street, Suite 2100 San Diego, CA 92101

Treasurer: Robert K. Schraner

Address: 701 B Street, Suite 2100 San Diego, CA 92101

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

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)

14. Robert K. Schraner
(Typed or printed name and capacity of person signing application)

**Cypress Point- Arrowhead General Insurance Agency, Inc.
Officers & Directors**

***Chris Walker** Director
701 B Street, #2100 San Diego, CA 92101

***William Allen** Director
701 B Street, #2100 San Diego, CA 92101

***Patrick James Oder** Director
2365 Northside Drive, Suite 450 San Diego, CA 92108

***Francis Lauricella** Director
701 B Street, #2100 San Diego, CA 92101

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State of California
Secretary of State

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **20TH day of JULY, 2001**, **CYPRESS POINT-ARROWHEAD GENERAL INSURANCE AGENCY, 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 September 6, 2005.



BRUCE McPHERSON
Secretary of State

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