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DIVISION OF CORPORATION

## FOREIGN PROFIT QUALIFICATION

Norton Insurance Services, Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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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. Norton Insurance Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. California

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 4/24/1986

(Date of incorporation)

5. Perpetual

(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. 5 Corporate Park Suite 170, Irvine, California 92606-3129

(Principal office address)

5 Corporate Park Suite 170, Irvine, California 92606-3129

(Current mailing address)

8. Insurance

(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: Business Filings Incorporated

Office Address: 1203 Governors Square Blvd, Suite 101

Tallahassee

(City)

, Florida 32301-2960

(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.*

M. Sepp

(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Ronald James Norton

Address: 5 Corporate Park Suite 170, Irvine, California 92606-3129

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Ronald James Norton

Address: 5 Corporate Park Suite 170, Irvine, California 92606-3129

Vice President: Michael J Scanlon

Address: 5 Corporate Park Suite 170, Irvine, California 92606-3129

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Ronald James Norton  
(Signature of Director or Officer listed in number 12 of the application)

14. Ronald James Norton, President  
(Typed or printed name and capacity of person signing application)

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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 **24th day of April, 1986**, **NORTON INSURANCE SERVICES, 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  
October 20, 2005.



**BRUCE McPHERSON**  
Secretary of State

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