F16000001729

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000067968660

03/17/08--01057--600 **97.50





NEWPORT CORPORATE SERVICES INC.

March 20, 2006

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re:

Certificate of Authority for InsureMyMove.com, Inc.

Dear Sir or Madam:

Enclosed is an application for InsureMyMove.com, Inc. and a check in the amount of \$87.50 filing fee

Please advise when the attached has been approved.

My e-mail address is: jmedina@newport-ins.com

Phone Number is: (800) 486-2642 Fax Number is: (909) 396-7578

If you have any questions, please do not hesitate to contact us at (800) 486-2642 or fax us at (909) 396-7578.

Sincerely,

Julie Medina

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: InsureMyMove.com, Inc.							
(Name of corpo	ration - must include suffix)						
Dear Sir or Madam:							
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to						
Please return all correspondence concerning this m	atter to the following:						
Gregory J. Livingston							
(Nam	e of Person)						
InsureMyMove.com, Inc.							
(Firm	/Company)						
90 May Valley Lane							
Fenton, MO 63026 (Address)							
	ate and Zip code)						
(City/St	ate and Zip code)						
For further information concerning this matter, please call: Gregory J. Livingston at (636) 305-9376							
Gregory J. Livingston at (636) 305–9376						
(Name of Person) (Area Code & Daytime Telephone Number)							
STREET/COURIER ADDRESS: MAILING ADDRESS:							
Registration Section Division of Corporations	Registration Section Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314						
Enclosed is a check for the following amount:							
\$\bigcup \\$70.00 \text{ Filing Fee & Feetified Copy} \Bigcup \\$87.50 \text{ Filing Fee, Certified Copy} \Bigcup \\$87.50 \text{ Filing Fee, Certified Copy} \Bigcup \Bigcup \\$87.50 \text{ Filing Fee, Certified Copy}							

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.	·			_
	(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.)	iness in F	lorida)	-
2.	Nevada 3, 20-2468049			
	(State or country under the law of which it is incorporated) (FEI number, if applicable	:)		-
4	March 8, 2005 S Perpetual			
••	(Date of incorporation) (Duration: Year corp. will cease to exist	or "perpe	tual")	-
6.				
v.	(Date first transacted business in Florida, if prior to registration)			-
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7.	90 May Valley Lane Fenton, MO 63026	$\Xi_{\mathbb{K}}$	2	
	(Principal office address)	: حد	7	۔ ذ د –
	90 May Valley Lane Fenton, MO 63026	E .	نڌ	ن 3 مسجب
	(Current mailing address)	第:		ig Sections:
		in in		in i
8.		6		ۇسىيەن -
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u> </u>	11:45	
9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	<u> </u>	O,	
	Name: Registered Agent Solutions, Inc.			
O	ffice Address: 1333 N. Duval Street			
	Tallahassee, Florida 32303			
	(City) (Zip code)			
10). Registered agent's accentance:			

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.

(Registered agent's signature)

Alunda Navawo, Assistant Secretary.

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. DIREC	CTORS			
Chairman:	Gregory J. Livingston	····-		· · · · · · · · · · · · · · · · · · ·
Address:	90 May Valley Lane			
	Fenton, MO 63026			
Vice Chairn	man: Matthew J. Wickman			
	90 May Valley Lane			
_	Fenton, MO 63026			
Director: _	Edward T Wickman			
_	5 NW 5th Street		 ,	
Add 655	Evansville, IN 47708			
Director:	Joan M. Kelly			
	5413 Mead Drive			
Address: _	Buena Park, CA 90621			
_	Gregory J. Livingston	TALLAHASS	06 1127	
Address: _	90 May Valley Lane	<u></u>)
_	Fenton, MO 63026	FLOXID		
	ent: Mathew J. Wickman		 	····
Address: _	90 May Valley Lane			
	Fenton, MO 63026			
Secretary: _	Joan M. Kelly		_	
Address: _	5413 Mead Drive Buena Park, CA 90621			
Treasurer:	Joan M. Kelly			
Address:	5413 Mead Drive Buena Park, CA 90621			
NOTE: If	necessary, you may attach an addendum to the application listing additional officers (Signature of Director or Officer listed in number 12 of the application)	and/or direc	tors.	· · · · · · · · · · · · · · · · · · ·
14. <u>J</u>	oan M. Kelly Secretary Treasurer			
	(Typed or printed name and capacity of person signing application)			

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, INSUREMYMOVE.COM, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 8, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 2, 2005.

DEAN HELLER Secretary of State

Certification Clerk

Show All the state of the state