F0600004038

,					
(Requestor's Name)					
(Ad	ldress)				
,					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Consist testerations to	F::: O#:	• • • •			
Special Instructions to	Filing Oπicer:				
•					
					





100075737921

06/08/06--01031--006 **78.75

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SECRETARY OF STATE

*** PROMPT ATTENTION REQUESTED ***

5/19/2006

Corp. Div. FL Secy. of State P.O. Box 6327 Tallahassee, FL 32314

Re: LBW Insurance & Financial Services, Inc.

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely, Kennedy Licensing Service, Inc.

Deanna Stanley

Deanna Stanley Initial Lic'g Mgr.

Email: dstanley@kennedylicensing.com

cc: LBW Insurance & Financial Services, Inc.

VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup.,, Cert. G.S.

COVER LETTER

TO:	New Filing Division of	Section Corporations			
SUBJ	ECT:	LBW Insurance & :	Financia	l Services, Inc	•
		· · · · · · · · · · · · · · · · · · ·		n - must include suffi	
Dear S	ir or Madam:				
"Certif		ence," and check are sul			sact Business in Florida," enced foreign corporation to
Please	return all com	espondence concerning	this matter	to the following:	
	Deanna St	anley			
			(Name of	Person)	
Ken	nedy Lie	censing Service	ce, Inc.		
			(Firm/Co	npany)	
<u>250</u>	1 Thoma	as Avenue			
			(Addr	ess)	
Dall	as, TX	75201			
		(City/State a	ind Zip code)	
For fur	ther informati	on concerning this matt	er, please c	all:	
De	eanna Stai	ıley at	(214	855-0737	
	(Name of Po			Code & Daytime Telep	phone Number)
	New Filing S Division of C Clifton Build 2661 Execut Tallahassee,	Corporations ding ive Center Circle FL 32301		New Filing	Corporations 27
Enclose	ed is a check :	for the following amoun	it:		
\$70.0	00 Filing Fee	\$78.75 Filing Fe		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & 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.	LBW Insurance & Financial Servi	.ces,	Inc.			
	(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp."))," "C	OMPANY," "CORPORATION,"		_	_
	(If name unavailable in Florida, enter alternate corporate name	e adop	ted for the purpose of transacting busi	iness in	Florida	<u>_</u>
2.	0.145	•	95-3498530			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable	;)		_
4.	10/4/79 5	pe	rpetual			
••	(Date of incorporation)	(Du	ration: Year corp. will cease to exist	or "perp	etual")	_
6.	NONE	_	•			
-	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Flo		-		_
7.	28055 Smyth Drive Valence	cia,	CA 91355	_	•	•
	(Principal office add	dress)				_
	28055 Smyth Drive Valence	cía,	CA 91355	_ ~~~		
	(Current mailing ad	dress)		SE(90	
8.	Nonresident insurance agency s	ale	s and service	CRETA AHA	- NDC	A STATE
	(Purpose(s) of corporation authorized in home state or c	country	to be carried out in state of Florida)	第二	တ်	
9.	Name and street address of Florida registered agent: (P.	O. Bo	x NOT acceptable)	19	T0	, <u>11,44</u>
	Name: John D. Hatch, Esquire	<u>e</u>		JIAU E	<u>ය</u> ප	
0:	ffice Address: 1267 Berkshire Lane, S	Suit	e 200	를 대	σ)	
	Tarpon Springs					
	(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.

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:	ARREAD SO IN THE PARTY OF THE P
A. DIRECTORS	Series of the se
Chairman:	06 JUN -8 PM 3: 07
Address:	SECRETARY OF STATE TALL AHASSEE FLORIDA
	TALL AHASSEE FLURIUA
Vice Chairman:	
Address:	
Director:	<u> </u>
Address:	
Director:	
Address:	
n Opericens	
B. OFFICERS President: SEE ATTACHED LIST	
Address:	
Via Provident	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
Audioss	
NOTE: If necessary, you may attach an addendum to the application li	sting additional officers and/or directors.
13. Signature of Director or Officer listed in number	12 of the amplication)
W. 10.50	12 of the application)
14. Mitzi S. Like, Secretary (Typed or printed name and capacity of person	signing application)

L/B/W Insurance Financial Services, Inc.

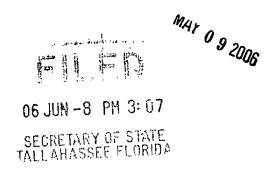
Officers, Directors Stockholders

3/1/2003

LBW Partner	Tielo	3/1/2003	3/1/2003 # Shares of Stock Owned	
LBVV Partner	Title	% 0f Stock Owned		
David I. Winikoff 6243 Ellenview Avenue West Hills, CA 91307	President	33.33%	100	
Donald L. Like 24836 Avignon Drive Valencia, CA 91354	Treasurer, CFO	33.33% ·	100	
Mitzi S. Like 27453 North Clarkson Ct. Valencia, CA 91354	Secretary/Director	33.33%	100	
	TOTALS:	100.00%	300	

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SECRETARY OF STATE

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 4th day of October, 1979, LBW INSURANCE & FINANCIAL 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 May 2, 2006.



BRUCE McPHERSON Secretary of State