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TALLAHASSEE, FLORIDA

D. WHITE AUG -3 2006

MAY 01 2006

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Mark Insurance Services  
(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:

Deanna Stanley

(Name of Person)

Kennedy Licensing Service, Inc.

(Firm/Company)

2501 Thomas Avenue

(Address)

Dallas, TX 75201

(City/State and Zip code)

For further information concerning this matter, please call:

Deanna Stanley

(Name of Person)

at ( 214 ) 855-0737

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

**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. Mark 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 3. 95-2559650  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/1/67 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 210 S. DeLacey Ave., Suite 100 Pasadena, CA 91105  
(Principal office address)

210 S. DeLacey Ave., Suite 100 Pasadena, CA 91105  
(Current mailing address)

8. Nonresident insurance agency sales and service  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

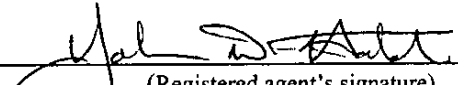
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John D. Hatch, Esquire

Office Address: 1267 Berkshire Lane, Suite 200  
Tarpon Springs, Florida 34688  
(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.*

  
(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.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

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

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

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

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

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**B. OFFICERS**

President: SEE ATTACHED LIST

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

Vice President: \_\_\_\_\_

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

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

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

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

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

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

13. Mike G. Torres

(Signature of Director or Officer listed in number 12 of the application)

14. Mike G. Torres, President

(Typed or printed name and capacity of person signing application)

**Mark Insurance Services**  
**STOCKHOLDERS & OFFICERS**

Mike G. Torres  
President  
50% Stockholder  
5650 Skyline Circle  
La Verne, CA 91750

Patricia L. Torres  
Secretary & Treasurer  
50% Stockholder  
5650 Skyline Circle  
La Verne, CA 91750

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**State of California**  
**Secretary of State**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

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

That on the **7th day of June, 1967**, **MARK INSURANCE SERVICES** 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  
June 15, 2006.



**BRUCE McPHERSON**  
Secretary of State

my