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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

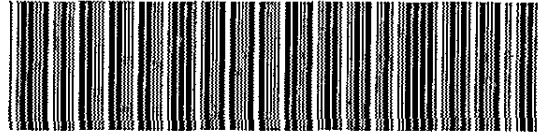
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: James C. Jenkins Insurance Service, 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:

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

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

8/7/2006

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

Re: **James C. Jenkins Ins. Service, 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: James C. Jenkins Ins. Service, Inc.
VICTRIX (FL), Reg. Agt.

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

**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. James C. Jenkins Insurance Service, 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. 94-2448663
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/28/77 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. 2552 Stanwell Drive Concord, CA 94520
(Principal office address)

P.O. Box 5668 Concord, CA 94524
(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, Esq.

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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED LIST

Address: _____

Vice President: _____

Address: _____

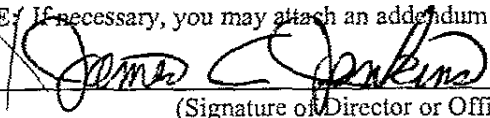
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. James C. Jenkins, Chairman of the Board _____
(Typed or printed name and capacity of person signing application)

LIST OF OFFICERS AND DIRECTORS
JAMES C. JENKINS INSURANCE SERVICE, INC.

2006

DIRECTORS and OFFICERS

Curt Perata
Stockholder – 0%
P.O. Box 5668
Concord, CA 94524
2748 Seminole Circle
Fairfield, CA 94533

DOB: 3/20/58
DL: CA#N4168635
President

Carol Weyer
Stockholder – 0%
P.O. Box 5668
Concord, CA 94524
3143 Stanwood Lane
Lafayette, CA 94549

DOB: 5/23/47
DL: CA#K0711564
Assistant Secretary/Director

James R. Jenkins
Stockholder – 0%
P.O. Box 5668
Concord, CA 94524
24 Rheem Blvd.
Orinda, CA 94563

DOB: 08/23/1972
DL: CA#A1777148
Executive Vice President

James C. Jenkins
Stockholder – 90%
P.O. Box 5668
Concord, CA 94524
1983 Rim Ridge Court
Walnut Creek, CA 94596

DOB: 9/21/43
DL: CA#J0593695
Chairman of the Board/Director

Jodi Ellington
Stockholder – 0%
P.O. Box 5668
Concord, CA 94524
1240 Greenview Ct.
Martinez, CA 94553

DOB: 07/21/1966
DL: CA#U6114294
Vice President of Finance/Treasurer

Michael Coletta
Stockholder – 0%
P.O. Box 5668
Concord, CA 94524
1835 Lulu Street, No 104
San Francisco, CA 94121

DOB: 07/14/58
DL: CA#
Secretary

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State of California
Secretary of State

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**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

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

That on the **28th day of October, 1977, JAMES C. JENKINS INSURANCE SERVICE 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
June 30, 2006.



BRUCE McPHERSON
Secretary of State