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(Add	Iress)	
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(City	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)	. <u></u>
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	- "
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SECRETARY OF STATE

T. Burch SEP 14 2006

COVER LETTER

	on of Corporations
SUBJECT:	Insurance Incorporated of Southern California
	(Name of corporation - must include suffix)
Dear Sir or Ma	adam:
	"Application by Foreign Corporation for Authorization to Transact Business in Florida," Existence," and check are submitted to register the above referenced foreign corporation to ess in Florida.
Please return a	all correspondence concerning this matter to the following:
Hailey Ov	verby
	(Name of Person)
Kennedy	Licensing Service, Inc.
······································	(Firm/Company)
2501 Tho	mas Ave.
	(Address)
Dallas, TX	X 75201
	(City/State and Zip code)
For further inf	Formation concerning this matter, please call: at (214) 855-0737
	te of Person) (Area Code & Daytime Telephone Number)
	CET/COURIER ADDRESS: Filing Section MAILING ADDRESS: New Filing Section
	on of Corporations Division of Corporations
	n Building P.O. Box 6327 Executive Center Circle Tallahassee, FL 32314
	assee, FL 32301
Enclosed is a	check for the following amount:
\$70.00 Filir	rig Fee \$\bigcup \\$78.75 \text{ Filing Fee & \bigcup \\$78.75 \text{ Filing Fee & \bigcup \\$87.50 \text{ Filing Fee,} \\ \text{Certificate of Status & \text{Certified Copy}}\$



July 24, 2006

HAILEY OVERBY KENNEDY LICENSING SERVICE, INC. 2501 THOMAS AVE DALLAS, TX 75201

SUBJECT: INSURANCE INCORPORATED OF SOUTHERN CALIFORNIA

Ref. Number: W06000032498

We have received your document for INSURANCE INCORPORATED OF SOUTHERN CALIFORNIA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The date of incorporation on the application and the date of incorporation on the certificate of status does not match.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist

Letter Number: 506A00046786



406 2 5 2036

August 15, 2006

HAILEY OVERBY KENNEDY LICENSING SERVICE, INC. 2501 THOMAS AVE DALLAS, TX 75201

SUBJECT: INSURANCE INCORPORATED OF SOUTHERN CALIFORNIA

Ref. Number: W06000032498

We have received your document for INSURANCE INCORPORATED OF SOUTHERN CALIFORNIA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The date of incorporation on the applocation and the date of incroporation on the certificate of status does not match.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist

Letter Number: 906A00050328

DE SEP 14 AM 9:50

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

AUG 25 2076

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.

(Enter name of co	incorporated of Southern Capporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")		
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in I	Florida)
_{2.} CA		95-2789692	 ,
	under the law of which it is incorporated)	(FEI number, if applicable)	
3/21/	77.	Perpetual	
4. (Date	of incorporation) 1	(Duration: Year corp. will cease to exist or "perp	petual")
	1100 Fel	AL-CO	
0	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Floridal if prior to registration) 502, F.S., to determine penalty liability)	
_າ 1199 S Fai	irway Drive # 101 Industry C	A 91789	
	(Principal office add	ress)	PAR DE
Same			全部 路 市
	(Current mailing add	ress)	35 = F
- Nonreside	ent Insurance Agency Sales &	& Service	
	of corporation authorized in home state or co		
•	•		ATE RIDA
y. Name and stree	et address of Florida registered agent: (P.C	J. Box NOT acceptable)	• 55
Name:	John D. Hatch, Esquire		
Office Address:	1267 Berkshire Lane Suite	200	e.
	Tarpon Springs	Florida 34688	
	(City)	(Zip code)	-
10 Posistared as	rantia aggantongo:		

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.

12. Names and business addresses of officers and/or	directors:		- -			
A. DIRECTORS			-	700	 •	. ```
Chairman: See Attached	<u></u>				3	, .
Address:	·		<u> </u>	· ET	f T	
	_ <u></u>	<u></u>	<u> </u>	SE T		4
Vice Chairman:			. <u> </u>		<u>*</u> □	
Address:				/	Ņ E	· · =
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Director:						
Address:						
Director:						,
Address:						
	<u>, yaki jarang arang ara</u>	· · · · · · · · · · · · · · · · · · ·			·	
B. OFFICERS						
President: See Attached	<u>* = , u</u> _ *	<u>-</u>		-		,
Address:	<u> </u>	√ · - - -	_ 	<u></u>	<u> </u>	
			<u> </u>			- - ·
Vice President:		<u>·</u>	<u> </u>		<u> </u>	
Address:	<u> </u>				<u>:</u>	
	<u>, 21 . v</u>		•	<u></u>	<u> </u>	
Secretary:	, <u></u>			<u> </u>	<u> </u>	a
Address:				: بو	<u> </u>	. હ ે
Treasurer:						
Address:						
NOTE: If necessary, you may attach an addendum to	the application list	ing additiona	l officers and/	or directors.	•	
13 (Signature of Director or Officer	1				<u></u>	
- · · · · · · · · · · · · · · · · · · ·	r listed in Tynber 1	2 of the appl	ication)		••	-
14. TIMOTHY E. DEAN, PRESIDENT (Typed or printed name and ca	macity of narrow hi	D ming annie	etion)		·	
(1) Abed of bitmed using sud es	spacety of person st) eums abbuce	aus vuij	•		

Insurance Incorporated

1199 SOUTH FAIRWAY DRIVE, SUITE 101 (562) 692-5656 (626) 966-9925 (909) 468-2233 FAX (909) 468-2232

INDUSTRY, CALIFORNIA 91789

LIC. #0235301

OFFICERS & DIRECTORS

INSURANCE INCORPORATED OF SOUTHERN CALIFORNIA --

NAME	TITLE	RESIDENCE ADDRESS
Timothy E. Dean	President – CEO	17107 Raindrop Ct.
•		Riverside, CA 92503
Gloria G. Lore	Treasurer - CFO	23703 Tatia Ct.
		Murrieta, CA 92562
Nowel S. Milik	Secretary	1052 Summitridge
		Diamond Bar, CA 91765
Thomas R. Thomas	Vice-President	353 Emerson Street
		Upland, CA 91784

State of California

Secretary of State

JUN 2 3 2006

CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

That on the 31st day of March, 1972, INSURANCE INCORPORATED OF SOUTHERN CALIFORNIA 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 19, 2006.



BRUCE McPHERSON Secretary of State

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