

FD6000006128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

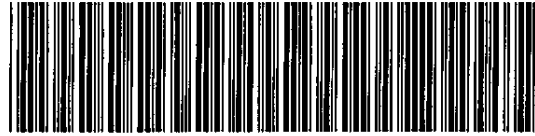
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100080120141

09/25/06--01041--006 **78.75

FILED
06 SEP 25 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M2D
9/25

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Premier Insurance Management Services, 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:

Brandi DiTommaso

(Name of Person)

Butler Regulatory Consultants, Inc.

(Firm/Company)

P.O. Box 2327

(Address)

La Habra, CA 90632-2327

(City/State and Zip code)

For further information concerning this matter, please call:

Brandi DiTommaso

(Name of Person)

at (562) 697-2035

(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. Premier Insurance Management 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. Illinois 3. 33-0244097
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07-06-1987 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 12225 El Camino Real San Diego, CA 92130
(Principal office address)

12225 El Camino Real San Diego, CA 92130
(Current mailing address)

8. Insurance Agency
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

FILED
06 SEP 25 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

M.T. FITZPATRICK
ASSISTANT SECRETARY

M. T. Fitzpatrick
(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

Chairman: Richard Arthur Norling

Address: 12225 El Camino Real

San Diego, CA 92130

Vice Chairman: N/A

Address: _____

Director: Ann Denton Rhoads

Address: 12225 El Camino Real

San Diego, CA 92130

Director: Robert Luis Dowdy

Address: 2320 Cascade Pointe Boulevard

Charlotte, NC 28208

B. OFFICERS

President: Robert Luis Dowdy

Address: 2320 Cascade Pointe Boulevard

Charlotte, NC 28208

Vice President: Sylvia Moss Brown

Address: 12225 El Camino Real

San Diego, CA 92130

Secretary: Leslie Wayne Meredith

Address: 12225 El Camino Real San Diego, CA 92130

Treasurer: Ann Denton Rhoads

Address: 12225 El Camino Real San Diego, CA 92130

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. Richard Arthur Norling, Chairman

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

Additional Officers and Directors:

B. Officers:

Sr. Vice President: Leslie Wayne Meredith
Address: 12225 El Camino Real
San Diego, CA 92130

Vice President: Richard Shunka
Address: 12225 El Camino Real
San Diego, CA 92130

Vice President: Joelle Hren
Address: 12225 El Camino Real
San Diego, CA 92130

File Number

5472-398-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PREMIER INSURANCE MANAGEMENT SERVICES, INC.,
A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE
JULY 6, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF
THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING
OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS
DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF
ILLINOIS*****



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 18TH
day of SEPTEMBER A.D. 2006

Jesse White

SECRETARY OF STATE