FOTAINUTAY3

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
	•			

Office Use Only



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06/25/07--01013--003 **78.75

2001 JUN 25 P U: 10
SECRETARY OF STATE
ALLAHASSEE FIORINA



CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

June 18, 2007

New Filing Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Certificate of Authority STATE OF FLORIDA

Please issue a Certificate of Authority to Leavitt Pacific Insurance Brokers, Inc. so that the organization can transact business in the Florida. Enclosed are the following:

- 1. Application for Certificate of Authority
- 2. Certificate of Existence
- 3. Chubb Licensing Services check in the amount of \$78.75

If any additional information is needed to complete this request, please let me know via phone, or direct this submission back to my attention at the address provided below.

Chubb Licensing Services, LLC 15 Mountain View Road Warren, NJ 07061

Thank you for your cooperation.

Sincerely,

Michelle Jozefyk Licensing Specialist Chubb Licensing Services LLC mjozefyk@chubb.com (908) 903-2413 2001 JUN 25 P U: ||
SECRETARY OF STATE
TALL AHASSEE FLORIDA

COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: Leavitt Pacific Insurance B	rokers, Inc.					
(Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporatio "Certificate of Existence," and check are submitte transact business in Florida.						
Please return all correspondence concerning this r	natter to the following:					
Michelle Jozefyk		AS 28				
(Na	me of Person)					
Chubb Licensing Services, LLC		JUN 25				
(Fin	m/Company)	SEE, S				
15 Mountain View Rd.	·					
	(Address)	REAL TRANSPORTED TO THE PROPERTY OF THE PROPER				
Warren, NJ 07059		DM				
(City/S	State and Zip code)					
For further information concerning this matter, pla	ease call:					
Michelle Jozefyk at (908) 903-2413						
(Name of Person) (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING ADDRE New Filing Section Division of Corporat P.O. Box 6327	tions				
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 323	14				
Enclosed is a check for the following amount:						
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	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.	Leavitt Pac	ific Insurance Brokers, Inc.					
		orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORA"	ΓΙΟΝ,"		
	(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of trans	acting bu	siness in	Florida)
2.	California		3	73-1672865			
٠.	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)				
4.	1/1/2007		5.	Perpetual			
••	(Date	of incorporation)	٠.	(Duration: Year corp. will cea	se to exis	t or "pe	petual")
6.	Never						
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						
7	635 Campbe	ell Technology Parkway, Suite	15	0, Campbell, CA 95008	3		
, ,		(Principal office	add	ress)			
	635 Campbe	ell Technology Parkway, Suite	15	0, Campbell, CA 9500	8		
		(Current mailing	add	ress)			
8.		<u> </u>					
	(Purpose(s	s) of corporation authorized in home state of	rc	ountry to be carried out in state of	f Florida) ≥≥ ⊘		
9.	Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	N SOS	ر 1007	77
	Name:	Corporation Service Compan	y		HASS	JUN 2	
o	ffice Address:	1201 Hays Street			1.338 30 AV	7 7	
		Tallahassee		, Florida 32301	107. 71.S	ŧ	
		(City)		(Zip code)	AGE A		
10). Registered as	gent'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.

Corporation Service Company

By Matane Asst. V.P

(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	ERIC O. LEAVITI			
Address:	ZILE SOUTH 200 WEST			
-	CEDAR CITY UT 84720			
Vice Chai	rman: KEVIN CALLISTER			
Address:	214 South 200 West			
_	Cedar City, UT 84720	,		
Director:	Jeffrey Aber			
Address:	625 Campbell Fechnology Pkwy, Ste 150			
	Campbell, CA 95008			
Director:	KIRK W. RULE			
Address:	435 Campbell Technology Pkwy, Ste 150	78.2		
	Campbell, CA 95008		<u> </u>	
B. OFFI	CERS	N 25 TARY ASSE	i i	
President:	Kevin B. Callister	me n	M	
Address;	216 South 200 West	STA F:		
	Cedar City, UT 84720	DA DA		
Vice Presi	dent: Jeffrey N. Aber	<u></u> -		
Address:	635 Campbell Technology Parkway, Suite 150			
	Campbell, CA 95008	\		
	Mark G. Kenney			
Address:	.214 South 200 West, Cedae City, UT 84720			
Treasurer:				
Address:	214 South 200 West, Cedar City, UT 84720			
NOTE:	If necessary, you may attach an addendum to the application listing additional	officers and/or di	rectors.	•
13	(Signature of Director or Officer listed in number 12 of the applic	cation)		
14	JEFFREY N. ABER VP	·-··,		
	(Typed or printed name and capacity of person signing applicat	zion)		_

State of California Secretary of State

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 1st day of January, 2007, LEAVITT PACIFIC INSURANCE BROKERS, INC. became recognized 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 7, 2007.



Jena Bowen

DEBRA BOWEN
Secretary of State

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