

FD 7000003585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

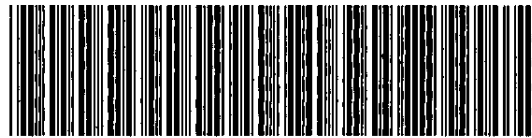
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/29/07--01029--013 **78.75

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2007 JUL 13 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CS. 7-16



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 22, 2007

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Certificate of Authority
STATE OF FLORIDA

Please issue a Certificate of Authority to United Valley Insurance Services, 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 there is any need for this application to be returned, please return to:

Chubb Licensing Services LLC
15 Mountain View Road
Warren, NJ 07059
ATTN: Steve Lawrence

Thank you for your cooperation.

Steve Lawrence
Licensing Associate
Chubb Licensing Services LLC
(908) 903-2367

Encl.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: United Valley Insurance 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:

Steve Lawrence
(Name of Person)

Chubb Licensing Services
(Firm/Company)

15 Mountainview Rd
(Address)

Warren NJ 07059
(City/State and Zip code)

For further information concerning this matter, please call:

Steve Lawrence at (908) 903-5760
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
JUL 11 2007

July 2, 2007

CHUBB LICENSING SERVICES LLC / STEVE LAWRENCE
15 MOUNTAIN VIEW RD.
WARREN, NJ 07059

SUBJECT: UNITED VALLEY INSURANCE SERVICES, INC.
Ref. Number: W07000031137

We have received your document for UNITED VALLEY INSURANCE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your duration says 1999, please check that number. If that is true then your corporation would be dissolved.

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) 245-6047.

Carolyn Lewis
Document Specialist

Letter Number: 107A00042669



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

July 12, 2007

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Certificate of Authority
STATE OF FLORIDA

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

1. Letter from Carolyn Lewis
2. Application for Certificate of Authority

If there is any need for this application to be returned, please return to:

Chubb Licensing Services LLC
15 Mountain View Road
Warren, NJ 07059
ATTN: Steve Lawrence

Thank you for your cooperation.

Steve Lawrence
Licensing Associate
Chubb Licensing Services LLC
(908) 903-2367

Encl.

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. United Valley Insurance Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

UVIS Insurance Agency

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 94-2909761

(FEI number, if applicable)

4. 10/13/1983

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. 3245 W. Figarden Dr. Fresno, CA 93729

(Principal office address)

PO Box 28040 Fresno, CA 93729

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Chairman: No Title Assigned

Address: _____

Vice Chairman: No Title Assigned

Address: _____

Director: Ken Stevens

Address: 3245 W. Figarden Dr. Fresno, CA 93711

Director: Mark Evans

Address: 3245 W. Figarden Dr. Fresno, CA 93711

B. OFFICERS

President: Mike McCreary

569-72-0940

Address: 3245 W. Figarden Dr. Fresno, CA 93711

Vice President: Neal Stanley

145-34-7147

Address: 3245 W. Figarden Dr. Fresno, CA 93711

Secretary: Ken Cooper

567-64-0225

Address: 3245 W. Figarden Dr. Fresno, CA 93711

Treasurer: Ken Coper

Address: 3245 W. Figarden Dr. Fresno, CA 93711

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. Michael McCreary Pres.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 **13th day of October, 1983, UNITED VALLEY INSURANCE SERVICES, 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 20, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State