# F07000004718

(Re	questor's Name)			
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#### \*\*\* PROMPT ATTENTION REQUESTED \*\*\*

8/17/2007

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

Re: Gaslamp Insurance Services

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

Vice President & Initial Lic'g Manager

Email: dstanley@kennedylicensing.com

cc: Gaslamp Insurance Services

VICTRIX (FL), Reg. Agt.

Enc: App. in dup.,, Cert. of status,, Ofcr & dir list

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### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Gaslamp Insurance	Services	
	ration - must include suffix)	<del></del>
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.		
Please return all correspondence concerning this ma	atter to the following:	
Deanna Stanley		
. (Nam	ne of Person)	
Kennedy Licensing Service, I	nc.	<del></del>
(Firm	n/Company)	
3878 Oak Lawn Ave., Suite 2	10	TAIS
(A	Address)	BO7 , ECR
Dallas, TX 75219		AUG HAS
(City/St	tate and Zip code)	7 AUG 21 RETARY AHASSEL
For further information concerning this matter, plea	rase call:	AM II: 04 OF STATE 5 FLORIDA
Deanna Stanley at ( 2°	14 , 855-0737	PA 3.
	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 & S87.50 Filing F Certified Copy Certificate of Certified Copy	Status &

### 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.	Gaslamp Insurance 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 ad	opted for the purpose of transacting business in Florida)					
2.	California3.						
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)					
4.	1/2/02 <sub>5.</sub> p	perpetual					
	(Date of incorporation)	Duration: Year corp. will cease to exist or "perpetual")					
6.	WOR Qual	•					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
7.	1111 6th Avenue, 3rd Flr. San D	iego, CA 92101					
(Principal office address)							
	1111 6th Avenue, 3rd Flr. San D:	iego, CA 92101					
	(Current mailing addres	is)	?				
8. Nonresident insurance agency sales and service							
	(Purpose(s) of corporation authorized in home state or coun	ntry to be carried out in state of Florida)	` <u>`</u>				
9.	Name and street address of Florida registered agent: (P.O. I	Box NOT acceptable)	OH TE				
	Name: John D. Hatch, Esquire	Box NOI acceptable)					
Oi	fice Address: 1267 Berkshire Lane, Su	ite 200					
	Tarpon Springs (City)	, Florida 34688 (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.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
·	
Director:	
Address:	
	··
B. OFFICERS	
President: SEE ATTACHED LIST	
Address:	ZDO7
	AUG ETA HAS
Vice President:	EF C
Address:	FLO
·	7.01.5 7.01.5 7.01.5
Secretary:	
Address:	
Treasurer:	<u></u>
Address:	
NOTE: It/necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.
13. (Signature of Lirector or Officer listed in number 12 of the application)	
14. Emilio C. Figueroa, President	•
(Typed or printed name and capacity of person signing application)	

## GASLAMP INSURANCE SERVICES STOCKHOLDERS/OFFICERS/DIRECTORS

Emilio C. Figueroa 99% Stockholder President / CEO 3019 Ibsen Street San Diego, CA 92106 Caeli P. Burroughs-Figueroa 1% Stockholder CFO 3019 Ibsen Street San Diego, CA 92106

### 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 **2nd day of January, 2002, GASLAMP INSURANCE SERVICES** 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 August 9, 2007.



ノ DEBRA BOWEN

**Secretary of State** 

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