# F-0888888880058

(Requestor's Nan	ne)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certifica	ates of Status					
Special Instructions to Filing Officer:						

Office Use Only



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01/04/08--01006--004 \*\*78.75

SECRETARY OF STATE

1. 2. o. 2.

## KENNEDY LICENSING SERVICE, INC.

## \*\*\* PROMPT ATTENTION REQUESTED \*\*\*

12/28/2007

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

2008 JAN -4 P 3: 59

SECRETARY OF STATE
AND ANASSEF, FLORIDA

Re: Rick Gombar Insurance Services, Inc.

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.

## Hailey Overby

Hailey Overby

Initial Licg. Spec.

Email: hoverby@kennedylicensing.com

cc: Rick Gombar Insurance Services, Inc.

VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup.,, Cert. G.S.,, Ofcr & dir list

### **COVER LETTER**

SECRETARY OF STATE TO: **New Filing Section Division of Corporations** Rick Gombar 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: Hailey Overby (Name of Person) Kennedy Licensing Service, Inc. (Firm/Company) 3878 Oak Lawn Ave # 210 (Address) Dallas, TX 75219 (City/State and Zip code) For further information concerning this matter, please call: at ( 214 ) 855-0737 (Area Code & Daytime Telephone Number) Hailey Overby (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS:** New Filing Section **New Filing Section** Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee \$78.75 Filing Fee & **✓** \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy 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.	Rick Gom	ibar Insurance Services, Inc	٥.			
		corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"		
	(If name unavail	able in Florida, enter alternate corporate nam	ne	adopted for the purpose of transacting busines	ss in Flo	orida)
2.	CA	3	3.	95-4774723		
		under the law of which it is incorporated)		(FEI number, if applicable)		
4.	12/20/199	9	5.	Perpetual		
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or	"perpet	ual")
6.	Upon Filin	g				
		(Date first transacted business		n Florida, if prior to registration) 602, F.S., to determine penalty liability)		
າ 3387 Blair Drive Los Angeles, CA 90068 ຊື່≲					2008	ener:EG
		(Principal office ad	ddı	ress)	JAN	
	same			ASS		
		(Current mailing ac	ddi	ress)	D	m
8.	Nonreside	ent Insurance Agency Sales	8	Services STA	ىب	ل ا
	(Purpose(s	s) of corporation authorized in home state or	co	untry to be carried out in state of Florida	2	
9.	Name and stree	et address of Florida registered agent: (P.	O.	. Box NOT acceptable)		
	Name:	John D. Hatch, Esquire				
O	ffice Address:	1267 Berkshire Lane, Suit	e	200		
		Tarpon Springs,		, Florida 34688		
		(City)		(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:	TALLAHAR OF STA
A. DIRECTORS	
Chairman: see attached	SAN O
Address:	ALLANDAP. DU
	TASSEE, FLSTATE
Vice Chairman:	CORIOA
Address:	
•	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: see attached	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors.
13.	
(Signature of Director or Officer listed in number 12 of th	e application)
George Gombar, President	

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

# Rick Gombar Insurance Services, Inc. OFFICERS AND DIRECTORS

George J. Gombar President 100% Stockholder 3387 Blair Drive Los Angeles, TX 90068

SECRETARY OF STATE

## 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 **20th day of December 1999, RICK GOMBAR 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 December 17, 2007.

SEAL OF THE OF T

Jeha Bowen

DEBRA BOWEN
Secretary of State