

FO 8000001878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

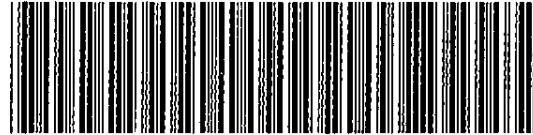
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/25/08--01034--010 **78.75

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TALLAHASSEE, FLORIDA

4/28
[Signature]



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

April 11, 2008

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 Benefit Insurance Services of Southern California 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

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Leavitt Benefit Insurance Services of Southern California, 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:

Michelle Jozefyk

(Name of Person)

Chubb Licensing Services, LLC

(Firm/Company)

15 Mountain View Rd.

(Address)

Warren, NJ 07059

(City/State and Zip code)

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SECRETARY OF STATE

For further information concerning this matter, please call:

Michelle Jozefyk

(Name of Person)

at (908) 903-2413

(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. Leavitt Benefit Insurance Services of Southern California, 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. California

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

3. 26-1355451

(FEI number, if applicable)

4. 10/25/2007

(Date of incorporation)

5. Perpetual

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

6. Upon Approval

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

7. 980 Montecito Drive, Suite 202, Corona, CA 92879

(Principal office address)

(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)

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.

Corporation Service Company

By: Christopher N. Katar

(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Angelo Maroutsos

Address: 1820 E. 1st Street, Suite 500
Santa Ana, CA 92705

Director: Dennis P. Manahan

Address: 24411 Ridge Route Dr., Suite 135
Laguna Hills, CA 92653

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TALAMON, SCOTT E.

B. OFFICERS

President: Derek A. Snow

Address: 216 S. 200 West
Cedar City, UT 84720

Vice President: Kevin B. Garret

Address: 24411 Ridge Route Dr., Suite 135
Laguna Hills, CA 92653

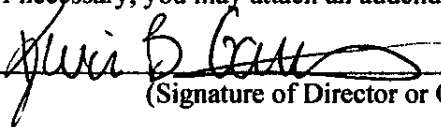
Secretary: Mark G. Kenney

Address: 216 S. 200 West, Cedar City, UT 84720

Treasurer: Jacob W. Jensen

Address: 216 S. 200 West, Cedar City, UT 84720

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. Kevin B. Garret, Vice President
(Typed or printed name and capacity of person signing application)

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 **25th day of October, 2007**, **LEAVITT BENEFIT INSURANCE SERVICES OF SOUTHERN CALIFORNIA, 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
March 3, 2008.

08 APR 25 AM 10:28
SECRETARY OF STATE
JANUARY 1, 2008

FILED



Debra Bowen

DEBRA BOWEN
Secretary of State