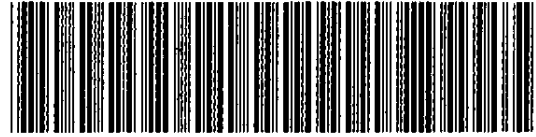


F08000003729



500134644955

08/25/08--01041--004 **70.00

(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

FILED
08 AUG 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Insurance Licensing Services

111 N. Railroad Street
Groesbeck, TX 76642

Date August 22, 2008

File # 2342/FL/283/IRS

To:
Florida Secretary of State
Corporation Section
2661 Executive Center Circle
Tallahassee FL 32301

Dear Sir/Madam:

This transmittal is for filing the following document(s) on behalf of Palos Verdes Insurance Agency, Inc.

- Certificate of Authority
- _____

Enclosed are:

- Submission Cover Sheet
- Application form(s)
- Certificate of Good Standing
- Articles of Incorporation
- _____
- _____
- _____
- Check for \$ 70.00 90135
- Check for \$ _____

Please return all filed copied document(s) etc to:

ILSA
Attn: Jack Slapper
111 N. Railroad
Groesbeck, TX 76642

For any questions regarding this submittal, please contact :

| | | | |
|---------------------|-----------------------|-----------------------|---|
| Jack Slapper | (254) 729-6240 | (254) 729-8069 | jslapper@licensing4insurance.com |
| | Telephone | Fax | E-Mail |

954525719
283/FL/JRS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Palos Verdes Insurance Agency, 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:

Jack Slapper
(Name of Person)

ILSA
(Firm/Company)

111 N. Railroad St.
(Address)

Groesbeck, TX 76642
(City/State and Zip code)

For further information concerning this matter, please call:

Jack Slapper at (254) 729-6240
(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

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. Palos Verdes Insurance Agency, 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 3. 954525719
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/20/1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 314 Vista Del Mar, BOX 636, Redondo Beach, CA 90277
(Principal office address)

BOX 636, Redondo Beach, CA 90277
(Current mailing address)

8. Non Resident Insurance Agency - For Profit
(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, Florida 32301
(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.

William M. Edrington
(Registered agent's signature)

William M. Edrington, Authorized Representative

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.

FILED
08 AUG 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Truitt Berryman
Address: 314 Vista Del Mar, BOX 636, Redondo Beach, CA 90277

Vice President: John T. Berryman
Address: 314 Vista Del Mar, BOX 636, Redondo Beach, CA 90277

Secretary: Joyce C. Berryman
Address: 314 Vista Del Mar, BOX 636, Redondo Beach, CA 90277

Treasurer: Kenneth M. Berryman, CFO
Address: 314 Vista Del Mar, BOX 636, Redondo Beach, CA 90277

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. John T. Berryman
(Typed or printed name and capacity of person signing application)

FILED
08 AUG 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

FILED
08 AUG 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

PALOS VERDES INSURANCE AGENCY, INC.

FILE NUMBER: C1915110
FORMATION DATE: 10/20/1994
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 21, 2008.

Debra Bowen

DEBRA BOWEN
Secretary of State