

F09000000748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/24/09--01019--029 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BUTLER REGULATORY CONSULTANTS, INC.

February 19, 2009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UPS

Florida Department of State
Corporation Bureau
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: MOMENTOUS INSURANCE BROKERAGE INC.
CERTIFICATE OF AUTHORITY**

Gentlemen:

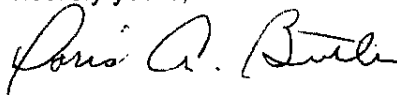
Please be advised that we assist Momentous Insurance Brokerage Inc., with their regulatory requirements.

We are enclosing the following documents pertaining to the referenced corporation's authority to do business in your state:

1. Florida Cover Letter, in duplicate.
2. Application by Foreign Corporation for Authority to Transact Business in Florida, in duplicate.
3. Certificate of Status issued by the California Secretary of State for Momentous Insurance Brokerage Inc.
4. Check No. 25717 in the amount of \$70.00 representing the filing fee.
5. Self-addressed, stamped, envelope for the return of the Certificate of Authority.

Should you have any questions or require additional information, please contact the undersigned.

Sincerely yours,



Doris A. Butler
President

DAB:ms
Enclosures



COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Momentous Insurance Brokerage 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:

Doris A. Butler

(Name of Person)

Butler Regulatory Consultants, Inc.

(Firm/Company)

P. O. Box 2327

(Address)

La Habra, CA 90632-2327

(City/State and Zip code)

For further information concerning this matter, please call:

Doris A. Butler

(Name of Person)

at (562) 697-2035

(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. **Momentous Insurance Brokerage 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. **26-2785647**

(FEI number, if applicable)

4. **June 6, 2008**

(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. **5990 Sepulevda Boulevard, Suite 550, Van Nuys, CA 91411**

(Principal office address)

5990 Sepulveda Boulevard, Suite 500, Van Nuys, CA 91411

(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:

Paracorp Incorporated

Office Address:

236 East 6th Avenue

Tallahassee

(City)

, Florida **32303**

(Zip code)

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TALLAHASSEE, FLORIDA

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.

See Attached

(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: Diane Brinson

Address: 5990 Sepulveda Boulevard, Suite 500, Van Nuys, CA 91411

Vice Chairman: _____

Address: _____

Director: Diane Brinson

Address: 5990 Sepulveda Boulevard, Suite 500, Van Nuys, CA 91411

Director: _____

Address: _____

B. OFFICERS

President: Diane Brinson

Address: 5990 Sepulveda Boulevard, Suite 500, Van Nuys, CA 91411

Vice President: _____

Address: _____

Secretary: Diane Brinson

Address: 5990 Sepulveda Boulevard, Suite 500, Van Nuys, CA 91411

Treasurer: Diane Brinson

Address: 5990 Sepulveda Boulevard, Suite 500, Van Nuys, CA 91411

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. Diane Brinson, President

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

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

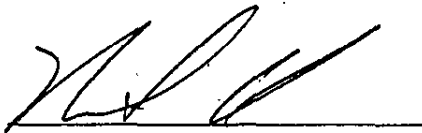
DATE: 2/23/2009

ENTITY NAME: MOMENTOUS INSURANCE BROKERAGE INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated

**State of California
Secretary of State**

CERTIFICATE OF STATUS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

MOMENTOUS INSURANCE BROKERAGE INC.

FILE NUMBER: C3102993
FORMATION DATE: 06/06/2008
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 January 08, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State