

FO9000003571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

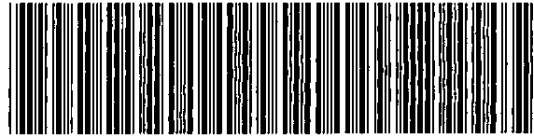
(Document Number)

Certified Copies _____ Certificates of Status _____

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W09-38309



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08/24/09--01036--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 AUG 24 AM 10:59

9/09/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: High Ground 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:

Sandy Acosta
Name of Person

High Ground Insurance Services Inc.
Firm/Company

3625 Del Amo Blvd. Suite #200
Address

Torrance, CA 90503
City/State and Zip code

SACOSTA@UNITEDAGENCIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Acosta at (310) 542 4600 x230
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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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09 SEP -8 AM 10:52

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 25, 2009

SANDY ACOSTA
3625 DEL AMO BLVD.
SUITE #200
TORRANCE, CA 90503

RESUBMIT
Please give original
submission date as file date.

SUBJECT: HIGH GROUND INSURANCE INCORPORATION
Ref. Number: W09000038309

We have received your document for HIGH GROUND INSURANCE INCORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 409A00028660

(750) 521-1000

- how Reg Agent

\$ 269.00 / yr.

Kimberly Moret e X 2949
CSCINFO.COM

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DIVISION OF CORPORATIONS
2009 AUG 24 AM 11:00

**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. High Ground 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 adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. 20-8202870
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-11-07 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3625 DEL AMO BLVD #200 TORRANCE, CA 90503
(Principal office address)

SAME
(Current mailing address)

8. Standard insurance agency & broker functions
(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)

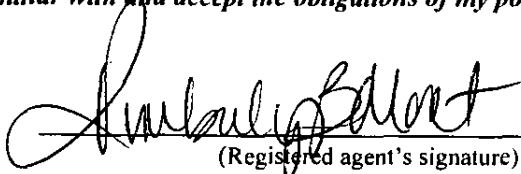
Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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2009 AUG 24 AM 11:00

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)

**Kimberly B. Moret
as its agent**

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:

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DIVISION OF CORPORATION

2009 AUG 24 AM 11:00

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHARLES COLLINGE

Address: 3625 DEL AMO BLVD #200
TORRANCE CA 90503

Vice President: CHRISTOPHER CORDILL

Address: 3625 DEL AMO BLVD #200
TORRANCE CA 90503

Secretary: BENADETTE JACKSON

Address: 3625 DEL AMO BLVD #200

Treasurer: SAME AS ABOVE

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Chl Hm

(Signature of Director or Officer listed in number 12 of the application)

14. Charles H. Collinge

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

**State of California
Secretary of State**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 AUG 24 AM 11:00

CERTIFICATE OF STATUS

ENTITY NAME:

HIGH GROUND INSURANCE SERVICES, INC.

FILE NUMBER: C2941562
FORMATION DATE: 01/11/2007
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 August 14, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State