

FD 9000000 4106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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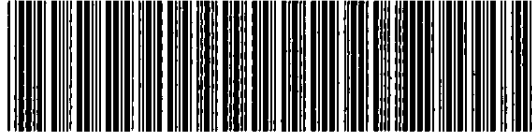
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MRS
10/19

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GOOD FAITH INSURANCE & REGISTRATION 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:

PHUONG NGUYEN

Name of Person

LAW OFFICES OF ANDREW J. PRENDIVILLE, APC

Firm/Company

16480 HARBOR BLVD., SUITE 102

Address

FOUNTAIN VALLEY, CA 92708

City/State and Zip code

goodfaithregistration@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phuong Nguyen

Name of Person

at (714) 534-8015

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. GOOD FAITH INSURANCE & REGISTRATION INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

GOOD FAITH INSURANCE & REGISTRATION GROUP INC

(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. 72-1558646

(FEI number, if applicable)

4. JANUARY 23, 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. 757 SE 17TH STREET, #512, FORT LAUDERDALE, FL 33316

(Principal office address)

757 SE 17TH STREET, #512, FORT LAUDERDALE, FL 33316

(Current mailing address)

8. ANY LAWFUL BUSINESS ACTIVITY

(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: FATEMEH GHOTBZADEH

Office Address: 757 SE 17TH STREET, #512

FORT LAUDERDALE, Florida 33316

(City)

(Zip code)

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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:

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A. DIRECTORS

Chairman: FATEMEH GHOTBZADEH

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Address: 757 SE 17TH STREET, #512, FORT LAUDERDALE, FL 33316

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: FATEMEH GHOTBZADEH

Address: 757 SE 17TH STREET, #512, FORT LAUDERDALE, FL 33316

Vice President: FATEMEH GHOTBZADEH

Address: 757 SE 17TH STREET, #512, FORT LAUDERDALE, FL 33316

Secretary: FATEMEH GHOTBZADEH

Address: 757 SE 17TH STREET, #512, FORT LAUDERDALE, FL 33316

Treasurer: FATEMEH GHOTBZADEH

Address: 757 SE 17TH STREET, #512, FORT LAUDERDALE, FL 33316

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. FATEMEH GHOTBZADEH, PRESIDENT

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

State of California
Secretary of State

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CERTIFICATE OF STATUS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

GOOD FAITH INSURANCE & REGISTRATION

FILE NUMBER: C3033499
FORMATION DATE: 01/23/2008
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 August 28, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State