# F09000004797

(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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SECRETAGY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Safe Harbor Financial, Ir	c.
	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	tter to the following:
Hailey Overby	
(Name	e of Person)
Kennedy Licensing Service Inc.	
·	(Company)
4144 N. Central Expressway Suite	
·	ddress)
Dallas, TX 75204	
(City/Sta	ate and Zip code)
For further information concerning this matter, please	se call:
Hailey Overby at ( 214	4 、855-0737
	ea 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 & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

#### \*\*\* PROMPT ATTENTION REQUESTED \*\*\*

11/13/2009

Corp. Div. FL Secy. of State P.O. Box 6327 Tallahassee, FL 32314

Re: Safe Harbor Financial, Inc.

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely, Kennedy Licensing Service, Inc.

# Hailey Overby

Hailey Overby Initial Licg. Spec.

Email: hoverby@kennedylicensing.com

cc: Safe Harbor Financial, Inc. VICTRIX (FL), Reg. Agt.

Enc: \$78.75 FEE, App. in dup.,, Cert. G.S.,, Ofcr & dir list



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2009

HAILEY OVERBY KENNEDY LICENSING SERVICE INC. 4144 N. CENTRAL EXPRESSWAY SUITE 800 DALLAS, TX 75204

SUBJECT: SAFE HARBOR FINANCIAL, INC.

Ref. Number: W09000051324

We have received your document for SAFE HARBOR FINANCIAL, INC. 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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 309A00036191

# 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. Safe Harb	oor Financial, Inc.		
(Enter name of c	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "orp," "Inc," "Co," or "Corp.")		<del></del> -
SHF In	SURCENCE CAPACIE. Inc.		
(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of transacting busine	ss in Floric	la)
<sub>2.</sub> PA	<sub>3</sub> 23-2519674		
***	under the law of which it is incorporated) (FEI number, if applicable)		
<sub>4.</sub> 08/06/198	4 <sub>s.</sub> Perpetual		
	of incorporation) . (Duration: Year corp. will cease to exist or	"perpetual"	")
6	woon tilling		
20.0	(Date first transacted business in Florida, if prior to registration)		
2200	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	20	
7. Benjamin	Franklin Parkway Suite 105 North Philadelphia, PA 191	30	
	(Principal office address)		0
same		<u> </u>	<u></u>
	(Current mailing address)	<del>오</del> 취	<u>DEC</u>
8 Nonresident Insurance Agency Sales & Services			
(Purpose(s	) of corporation authorized in home state or country to be carried out in state of Florida)	22 <sup>517</sup>	
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	STATE	3: 46
Name:	John D. Hatch, Esquire	≯'''	(.)
Office Address:	1267 Berkshire Lane Suite 200		
	Tarpon Springs , Florida 34688		
	(City) (Zip code)		
10 Dogistaned as	vant?a anaantanaa		

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:

A. DIRECTORS

A. DIRECTORS	09 DEC -3 PM 3: 45
Chairman: see attached	
Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman:	
Director:	
Address:	
<del> </del>	
Director:	
Address:	
President: see attached  Address:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
	n to the application listing additional officers and/or directors.
13. Joh hant	ficer listed in number 12 of the application)
	ficer listed in number 12 of the application)
John Branton, President	d capacity of person signing application)

APPHOYEUS AND FILED

Safe Harbor Financial, Inc.

4.43

09 DEC -3 PM 3:46

Stockholders, Officers & Directors

SECRETARY OF STATE TALLAHASSEE, FLORIDA

John Branton
50% Stockholder
President & Director
667-B Ponte Vedra Blvd.
Ponte Vedra Beach, FL 32082

Ronald P. Lesicki 50% Stockholder Vice Pres., Secretary & Treasurer 810 Newtown Rd. Villanova, PA 19085

NOV TO ZOOO

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

**OCTOBER 23, 2009** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### SAFE HARBOR FINANCIAL, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth