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EP2/17/10

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

2/9/2010

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

Re: Colorado Insurance Center, 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.

## Deanna Stanley

Deanna Stanley
Vice President & Initial Lic'g Manager

Email: dstanley@kennedylicensing.com

cc: Colorado Insurance Center, Inc.

VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup.,, Cert. G.S.

## **COVER LETTER**

TO: New Filir Division	ng Section of Corporations		
SUBJECT:	Colorado Insurance	e Center, Inc.	
	(Name of corp	poration - must include suffix	κ)
Dear Sir or Madai	n:		
	plication by Foreign Corporation istence," and check are submitted in Florida.		
Please return all c	orrespondence concerning this	matter to the following:	
	Deanna Stanley		
	(Na	nme of Person)	
Kennedy l	icensing Service,	Inc.	
	(Fi	rm/Company)	
4144 N. C	entral Expy., Suite	800	
		(Address)	
Dallas, TX	75204		
	(City/	State and Zip code)	
For further inform	ation concerning this matter, pl	ease call:	
Deanna St	anley at ( 2	214 <u>)</u> 855-0737 Area Code & Daytime Telep	
(Name of	Person) (	Area Code & Daytime Telep	ohone Number)
New Filin Division of Clifton Bu 2661 Exec Tallahasso	of Corporations	New Filing	Corporations 27
\$70.00 Filing F		\$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.

(State or country under the law of which it is incorporated)  (FEI number, if applicable)  3/28/2000  5. perpetual  (Date of incorporation)  (Duration: Year corp. will cease to exist or perpetual)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  464 Main Street  Delta, CO 81416  (Principal office address)  P.O. Box 409  Delta, CO 81416  (Current mailing address)		nter name of	f corporation	ance Center; must include "I	NCORPORAT	ED,	" "COMPANY,	" "CORPO	PRATION,"		_
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  464 Main Street Delta, Co 81416  (Principal office address)  P.O. Box 409 Delta, Co 81416  (Current mailing address)  Nonresident insurance agency sales and service  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John D. Hatch, Esquire  1267 Berkshire Lane, Suite 200  Tarpon Springs,, Florida 34688  (City)  (City)		,		, ос, с. согр	• •						
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  464 Main Street  Delta, CO 81416  (Principal office address)  P.O. Box 409  Delta, CO 81416  (Current mailing address)  Nonresident insurance agency sales and service  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John D. Hatch, Esquire  Office Address:  1267 Berkshire Lane, Suite 200  Tarpon Springs:, Florida 34688  (Zip code)	(If	name unava	ailable in Flo	orida, enter altern	ate corporate na	ame	adopted for the	purpose of t	ransacting bu	siness in Florid	a)
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  464 Main Street  Delta, CO 81416  (Principal office address)  P.O. Box 409  Delta, CO 81416  (Current mailing address)  Nonresident insurance agency sales and service  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John D. Hatch, Esquire  Office Address:  1267 Berkshire Lane, Suite 200  Tarpon Springs, Florida 34688  (City)  (City)  (City)	2.	Colora	ado			3.					
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  464 Main Street  Delta, CO 81416  (Principal office address)  P.O. Box 409  Delta, CO 81416  (Current mailing address)  Nonresident insurance agency sales and service  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John D. Hatch, Esquire  Office Address:  1267 Berkshire Lane, Suite 200  Tarpon Springs,, Florida 34688  (City)  (City)	(St	ate or countr	ry under the	law of which it is	incorporated)			(FEI numb	er, if applicab	ole)	_
(Date of incorporation)  UPON QUALIFICATION  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  464 Main Street Delta, CO 81416  (Principal office address)  P.O. Box 409 Delta, CO 81416  (Current mailing address)  Nonresident insurance agency sales and service (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John D. Hatch, Esquire  Office Address: 1267 Berkshire Lane, Suite 200  Tarpon Springs,, Florida 34688 (Zip code)	4.	3/28/20	00			5.	perpe	tual		= 6	estration of the state of the s
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  464 Main Street Delta, CO 81416  (Principal office address)  P.O. Box 409 Delta, CO 81416  (Current mailing address)  Nonresident insurance agency sales and service (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John D. Hatch, Esquire  Office Address: 1267 Berkshire Lane, Suite 200  Tarpon Springs: 6, Florida 34688 (City) (Zip code)		(Da	ate of incorp	oration)		-	(Duration: Ye	ar corp. wil	l cease to exis	st or perpetual	A Williams
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  464 Main Street Delta, CO 81416  (Principal office address)  P.O. Box 409 Delta, CO 81416  (Current mailing address)  Nonresident insurance agency sales and service (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John D. Hatch, Esquire  Office Address: 1267 Berkshire Lane, Suite 200  Tarpon Springs, 2, Florida 34688 (Zip code)	6.	UPON	QUALIFI	CATION							
P.O. Box 409  Delta, CO 81416  (Current mailing address)  Nonresident insurance agency sales and service (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John D. Hatch, Esquire  Office Address:  1267 Berkshire Lane, Suite 200  Tarpon Springs:, Florida 34688 (Zip code)			(	•			, ,	_	•	138EE	P
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(Current mailing address)  Nonresident insurance agency sales and service (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John D. Hatch, Esquire  1267 Berkshire Lane, Suite 200  Tarpon Springs:, Florida 34688 (City) (Zip code)				(1	Principal office	add	ress)			927	50
Nonresident insurance agency sales and service  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John D. Hatch, Esquire  1267 Berkshire Lane, Suite 200  Tarpon Springs, E, Florida 34688  (City)  (City)  (Zip code)		P.O.	Box 409	)	Delta,	CO	81416			DA A	• 1
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Name: John D. Hatch, Esquire  Office Address: 1267 Berkshire Lane, Suite 200  Tarpon Springs, F., , Florida 34688  (City) (Zip code)	8	Nonre	sident :	insurance a	gency sale	s i	and service	2			
Name: John D. Hatch, Esquire  1267 Berkshire Lane, Suite 200  Tarpon Springs, F., , Florida 34688  (City) (Zip code)		(Purpose	e(s) of corpo	ration authorized	in home state	or oc	ountry to be carri	ied out in st	ate of Florida	1)	
Office Address:    1267 Berkshire Lane, Suite 200	9. Na	ame and <u>str</u>	reet address	of Florida regi	stered agent:	(P.C	). Box <u>NOT</u> ac	ceptable)			
Tarpon Springs: 2 , Florida 34688  (City) (Zip code)		Name:	John	n D. Hatch,	Esquire		<del></del>				
(City) (Zip code)	Offic	æ Address:	.1267	Berkshire	Lane, Sui	te.	200				
(=-4)			Tarı	on Springs	5 5.4		, Florida				
() Registered agent's acceptance:				(Cit	y)			(Zip cod	e)		
	10 1	Dagietaned	onent's co	centance.							

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.

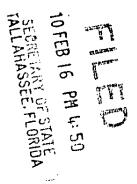
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Director:	
Address:	· satisfaction and a
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Director:	F = 1
Address:	الإنجاب البراء عن ال
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B. OFFICERS	ORID ORID
President: SEE ATTACHED LIS	ST F
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Freasurer:	
Address:	
NOTE). If necessary, you may attach an adde	ndum to the application listing additional officers and/or directors.
Y a what was	women to me abbusance women anatomic contact and an arrestance.
13. (Signature of Director)	or Officer listed in number 12 of the application)
Bradley B. Percefull, Pres	sident

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

## COLORADO INSURANCE CENTER, INC. STOCKHOLDERS / OFFICERS

Bradley B. Percefull 31.25% Stockholder President 3447 1360 Rd. Delta, CO 81416 Sean M. Stansberry 31.25% Stockholder Vice Pres / Secretary 14706 5875 Rd. Montrose, CO 81401

Richard A. Tafoya 31.25% Stockholder Vice Pres / Treasurer 4598 Colorow Rd. Olathe, CO 81425



## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### COLORADO INSURANCE CENTER, INC.

is a **Corporation** formed or registered on 03/28/2000 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20001063040.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/22/2010 that have been posted, and by documents delivered to this office electronically through 01/27/2010 @ 07:57:09.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/27/2010 @ 07:57:09 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7558509.





Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site. <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <a href="Confirming the issuance of a certificate">Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.</a> For more information, visit our Web site, <a href="http://www.sos.state.co.us/click Business Center and select">http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."</a>