

F10000004243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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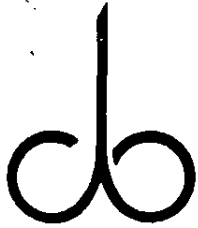


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TALLAHASSEE, FLORIDA

9-24-10
acc



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

W.H.L. WOODYARD IV
President

September 17, 2010

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify **INNOVATIVE PARTNERS INSURANCE SOLUTIONS** to transact business in your state.

I trust this letter and the enclosed documents place them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INNOVATIVE PARTNERS INSURANCE SOLUTIONS, INC.,
(Name of corporation - must include suffix)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Brenda Anthony

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N University, Suite 550

(Address)

Little Rock, AR 72207

(City/State and Zip code)

For further information concerning this matter, please call:

Brenda Anthony

(Name of Person)

at (501) 664-8044

(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. INNOVATIVE PARTNERS INSURANCE SOLUTIONS

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

"INNOVATIVE PARTNERS INSURANCE SOLUTIONS, INC."

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 33-0652204
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/14/1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3080 Bristol Street, Suite 450; Costa Mesa, CA 92626
(Principal office address)
3080 Bristol Street, Suite 450; Costa Mesa, CA 92626
(Current mailing address)

8. The business of insurance functioning as an 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: CT Corporation System
Office Address: 1200 S. Pine Island Road
Plantation, Florida 33324
(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.

CT Corporation System

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.

12. Names and business addresses of officers and/or directors:.

A. DIRECTORS

Chairman: James P. Lehmann

Address: 3080 Bristol Street, Suite 450
Costa Mesa, CA 92626

Vice Chairman: Carolynn Lehmann

Address: 3080 Bristol Street, Suite 450
Costa Mesa, CA 92626

Director: Leslie Adams

Address: 3080 Bristol Street, Suite 450
Costa Mesa, CA 92626

Director: _____

Address: _____

B. OFFICERS

President: James P. Lehmann

Address: 3080 Bristol Street, Suite 450
Costa Mesa, CA 92626

Vice President: Leslie Adams

Address: 3080 Bristol Street, Suite 450
Costa Mesa, CA 92626

Secretary: Carolyn Lehmann

Address: 3080 Bristol Street, Suite 450; Costa Mesa, CA 92626

Treasurer: Carolyn Lehmann

Address: 3080 Bristol Street, Suite 450; Costa Mesa, CA 92626

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. James P. Lehmann, President/Chairman/Director

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

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SECRETARY OF STATE


ACCEPTANCE OF APPOINTMENT

RE: **INNOVATIVE PARTNERS INSURANCE SOLUTIONS**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: September 15, 2010

C T CORPORATION SYSTEM

By 
Katherine Lackey,
Assistant Secretary

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TALLAHASSEE, FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

INNOVATIVE PARTNERS INSURANCE SOLUTIONS

FILE NUMBER: C1758606
FORMATION DATE: 02/14/1995
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 September 01, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State