

F100000005489

(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



500188423315

12/14/10--01011--015 \*\*70.00

FILED  
10 DEC 14 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 12/15/10

# **Licensing Professionals**

*Insurance Compliance Service*

1181 Puerta Del Sol, Suite 110

San Clemente, CA 92673

Email: Ecobb@Licensingpros.com

## **MEMO**

Date: December 9, 2010

To: Florida Secretary of State

From: Emalie Cobb

Subject: FLORIDA-Application for Registration  
**Leavitt Insurance Agency of San Diego, Inc.**

---

Submitted for your approval is the application for **Leavitt Insurance Agency of San Diego, Inc.** to register with the Secretary of State in the state of Florida. The following items are enclosed:

- Application for Authorization to Transact Business in Florida
- Good Standing
- A check in the amount of \$70.00 made payable to:

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

**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. Leavitt Insurance Agency of San Diego, 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. CA**

(State or country under the law of which it is incorporated)

**3. 33-0683397**

(FEI number, if applicable)

**4. 09/22/1995**

(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. 380 Stevens Ave #115, Solana Beach, CA 92075**

(Principal office address)

**380 Stevens Ave #115, Solana Beach, CA 92075**

(Current mailing address)

**8. To act as an Insurance Producer**

(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: **Paracorp Incorporated**

Office Address: **236 East 6th Avenue**

**Tallahassee**, Florida **32303**

(City)

(Zip code)

**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.*

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.**

FILED  
10 DEC 14 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_ Tom James

Address: \_\_\_\_\_ 380 Stevens Ave. #115

\_\_\_\_\_ Solana Beach, CA 92075

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**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. \_\_\_\_\_

Tom James, President

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

FILED

10 DEC 14 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

10 DEC 14 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

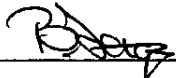
**DATE:** 10/6/2010

**ENTITY NAME:** LEAVITT INSURANCE AGENCY OF SAN DIEGO, INC.

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
236 East 6<sup>th</sup> Avenue  
Tallahassee, FL 32303

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Barbara Geiger, Secretary  
Paracorp Incorporated

**Leavitt Insurance Agency of San Diego, Inc.**

**FEIN: 33-0683397**

**List of Officers, Directors and Stockholder (of 10% ownership or more)**

**Leavitt Group Enterprises – Owner 97%**

**216 South 200 W.**

**Cedar City, UT 84720**

**FEIN: 88-0090855**

**Jamile Palizban – Owner 3%**

**P.O. Box 1518**

**Rancho Santa Fe, CA 92067**

**Thomas A James – President**

**9777 Caminito Pudregal**

**San Diego, CA 92131**

State of California  
Secretary of State

FILED

10 DEC 14 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

LEAVITT INSURANCE AGENCY OF SAN DIEGO, INC.

FILE NUMBER: C1924241  
FORMATION DATE: 09/22/1995  
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 September 23, 2010.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State