

F1000005489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

PS 12/15/10

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

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 **3. 33-0683397**
(State or country under the law of which it is incorporated) **(FEI number, if applicable)**

4. 09/22/1995 **5. Perpetual**
(Date of incorporation) **(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)

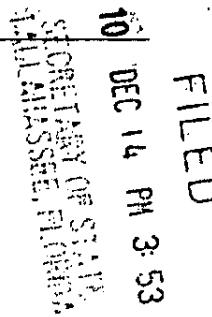
10. Registered agent's acceptance:

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.



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

FILED

10 DEC 14 PM 3:54

A. DIRECTORS

Chairman: _____ Date: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **Tom James**

Address: 380 Stevens Ave., #115

Solana Beach, CA 92075

Vice President: John Doe (123-4567890)

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

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

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 6th 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

CERTIFICATE OF STATUS

FILED

10 DEC 14 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Secretary of State