

Division of Corporations  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FOREIGN PROFIT/NONPROFIT CORPORATION  
AMS Insurance Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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gf 12/22/10

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** AMS Insurance Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

Michelle Sutton

Name of Person

AMS Insurance Services, Inc.

Firm/Company

P.O. Box 8507

Address

Santa Cruz, CA 95061

City/State and Zip code

msutton@insurancefornonprofits.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Sutton

at ( 831 ) 621-6055

Name of Person

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

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**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. AMS Insurance Services, 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. California 3. 77-0513798  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/23/1999 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. 333 Front Street Suite 200 Santa Cruz, CA 95060  
(Principal office address)
- P.O. Box 8507 Santa Cruz, CA 95061  
(Current mailing address)

8. Insurance Broker, DRSP (Designated/ Responsible Licensed 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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System  
By: [Signature]  
(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.

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

A. DIRECTORS

Chairman: Pamela Davis

Address: 333 Front Street Suite 200 Santa Cruz, CA 95060

Director: Susan Bradshaw

Address: 333 Front Street Suite 200 Santa Cruz, CA 95060

Director: John Christensen

Address: 333 Front Street Suite 200 Santa Cruz, CA 95060

Director: Kim Aday

Address: 333 Front Street Suite 200 Santa Cruz, CA 95060

B. OFFICERS

President: Pamela Davis

Address: 333 Front Street Suite 200 Santa Cruz, CA 95060

Vice President: Susan Bradshaw

Address: 333 Front Street Suite 200 Santa Cruz, CA 95060

Secretary: John Christensen

Address: 333 Front Street Suite 200 Santa Cruz, CA 95060

Treasurer: Kim Aday

Address: 333 Front Street Suite 200 Santa Cruz, CA 95060

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. Pamela Davis, President/CEO

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

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**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

AMS INSURANCE SERVICES, INC.

FILE NUMBER: C2134711  
FORMATION DATE: 02/23/1999  
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 December 14, 2010.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State