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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 17 PM 2:02

APPROVED  
AND  
FILED



Corporate Services

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February 14, 2011

**BY FEDERAL EXPRESS**

Department of State  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Shahinian Insurance Services, Inc. –  
Application for Authorization to Transact Business

Dear Sir/Madam:

Please find attached an Application for Authorization to Transact Business for the Referenced Corporation for filing. Please also find attached a Certificate of Good Standing and a check in the amount of \$70 in payment of your filing fee.

Please forward all correspondence in connection with this filing to: 3H Corporate Services, LLC 6 Clement Avenue Saratoga Springs, NY 12866 Attn. Gary T. Harker, Esq. We look forward to receiving the Authority in due course. In the meantime, please do not hesitate to contact me at 518 583-0639 Ext. 111 if you have any questions.

Best regards,

Yours truly,

A handwritten signature in cursive script that reads 'Katie Vianese'.

pp Gary T. Harker

## COVER LETTER

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

**SUBJECT:** Shahinian 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:

Gary T. Harker

Name of Person

3H Corporate Services, LLC

Firm/Company

6 Clement Avenue

Address

Saratoga Springs, NY 12866

City/State and Zip code

gary.harker@3hcs.com

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

For further information concerning this matter, please call:

Gary Harker

Name of Person

at ( 518 ) 583-0639 Ext. 111

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. Shahinian 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

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

3. 33-0788386

(FEI number, if applicable)

4. 02/13/1998

(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. 801 Park Center Drive, Suite 101 Santa Ana, CA 92705

(Principal office address)

801 Park Center Drive, Suite 101 Santa Ana, CA 92705

(Current mailing address)

8. Insurance sales and services

(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: 3H Agent Services, Inc.

Office Address: 1970 Otter Way

Palm Harbor

(City)

, Florida 34685

(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.*



(Registered agent's signature)

Gary T. Harker, President of 3H Agent Services, Inc.

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Please see attached Schedule.

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

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

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

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

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

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

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

**B. OFFICERS**

President: Please see attached Schedule.

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

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

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

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

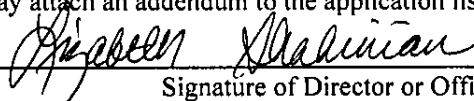
Address: \_\_\_\_\_

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Lizabeth Shahinian, President

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

APPROVED  
AND  
FILED

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**SHAHINIAN INSURANCE SERVICES, INC.**

**DIRECTORS AND OFFICERS SCHEDULE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Director Schedule**

| <b>Name</b>        | <b>Business Address</b>                              |
|--------------------|--|
| Lizabeth Shahinian | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |
| Sandra Shahinian   | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |
| Leslie Shahinian   | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |

**Officer Schedule**

| <b>Name and Title</b>   | <b>Business Address</b>                              |
|---|--|
| Lizabeth Shahinian – President, CFO,<br>Secretary and Treasurer | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |
| Leslie Shahinian – Vice President                               | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |

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

**CERTIFICATE OF STATUS**

APPROVED  
AND  
FILED

11 FEB 17 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ENTITY NAME:**

SHAHINIAN INSURANCE SERVICES, INC.

FILE NUMBER: C2069435  
FORMATION DATE: 02/13/1998  
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 February 09, 2011.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State