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## COVER LETTER

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

**SUBJECT:** PP Insurance Brokerage, 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:

John A. Sebastinelli, Esq.

Name of Person

Michelman & Robinson, LLP

Firm/Company

455 Market Street, Suite 1420

Address

San Francisco, California 94105

City/State and Zip code

jsebastinelli@mrlp.com

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

For further information concerning this matter, please call:

John A. Sebastinelli, Esq.

Name of Person

at ( 415 ) 882.7770

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

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Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Cop    ☐ \$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. PP Insurance Brokerage, 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. 80-0636351

(FEI number, if applicable)

4. 07/09/10

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Approval

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

7. 371 Bel Marin Keys Blvd., Suite 220; Novato, CA 94949

(Principal office address)

371 Bel Marin Keys Blvd., Suite 220; Novato, CA 94949

(Current mailing address)

8. To act 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: Paracorp Incorporated

Office Address: 236 East 6th Avenue

Tallahassee

(City)

, Florida 32303

(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.*

\_\_\_\_\_  
(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.

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

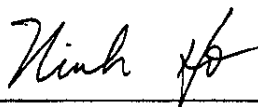
**DATE:** 3/10/2011

**ENTITY NAME:** PP INSURANCE BROKERAGE, 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.



Ninh Ho, Assistant Secretary  
Paracorp Incorporated

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

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**A. DIRECTORS**

Chairman: Susan B. Preston

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Address: 371 Bel Marin Keys Blvd., Suite 220  
Novato, CA 94949

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

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

Director: Alan Preston

Address: 371 Bel Marin Keys Blvd., Suite 220  
Novato, CA 94949

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

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

**B. OFFICERS**

President: Susan B. Preston

Address: 371 Bel Marin Keys Blvd., Suite 220  
Novato, CA 94949

Vice President: Alan Preston

Address: 371 Bel Marin Keys Blvd., Suite 220  
Novato, CA 94949

Secretary: Susan B. Preston

Address: 371 Bel Marin Keys Blvd., Suite 220; Novato, CA 94949

Treasurer: Alan Preston

Address: 371 Bel Marin Keys Blvd., Suite 220; Novato, CA 94949

**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. Susan B. Preston, President

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

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

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DIVISION OF CORPORATION

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**CERTIFICATE OF STATUS**

**ENTITY NAME:**

PP INSURANCE BROKERAGE, INC.

FILE NUMBER: C3307773  
FORMATION DATE: 07/09/2010  
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 March 14, 2011.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State