

11000004177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

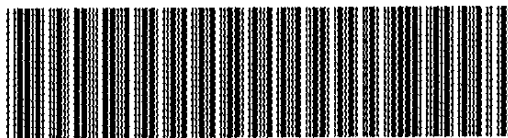
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 10/18

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Plovaris Insurance Solutions, 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:

Kimberly Mollahan

Name of Person

Plovaris Insurance Solutions, Inc.

Firm/Company

8057 Lakeland Dr.

Address

Granite Bay, CA 95746

City/State and Zip code

kimberly.mollahan@life-annuityexpert.com

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

For further information concerning this matter, please call:

Kimberly Mollahan

Name of Person

at (916) 496-9092

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. Flovaris Insurance Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "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. 45-2560713

(FEI number, if applicable)

4. June 15, 2011

(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. 13389 Folsom Blvd. #300-287, Folsom CA 95630

(Principal office address)

13389 Folsom Blvd. #300-287, Folsom CA 95630

(Current mailing address)

8. Any and all lawful business

(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: Steven Alford

Office Address: 177 Central Ave.

San Mateo

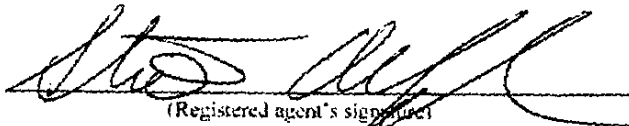
(City)

, Florida 32187

(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)

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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ken Apperson

Address: 13389 Folsom Blvd., #300-287

Folsom, CA 95630

Director: _____

Address: _____

B. OFFICERS

President: Timothy Keester

Address: 13389 Folsom Blvd. #300-287

Folsom, CA 95630

Vice President: _____

Address: _____

Secretary: Bruce Alford

Address: 13389 Folsom Blvd. #300-287, Folsom CA 95630

Treasurer: Albert Scott Knorp (CFO)

Address: 13389 Folsom Blvd. #300-287, Folsom CA 95630

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. Timothy Keester, President

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

FILED
11 OCT 17 AM 10:31
CLERK OF STATE
TAMM, SEEL, FARRAR

State of California
Secretary of State

CERTIFICATE OF STATUS

FILED
11 OCT 17 AM 10:32
SECRETARY OF STATE
CALIFORNIA

ENTITY NAME:

PLOVARIS INSURANCE SOLUTIONS, INC.

FILE NUMBER: C3386003
FORMATION DATE: 06/15/2011
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 October 06, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State