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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Entry FEB 07 2012

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

1/30/2012

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: **John A. Neu Insurance Services, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,
Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby
Initial Licg. Spec.
Email: hoverby@kennedylicensing.com

cc: John A. Neu Insurance Services, Inc.
VICTRIX (FL), Reg. Agt.

Enc: \$78.75 FEE, App. in dup.,, Cert. G.S., Ofcr & dir list

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: John A. Neu 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:

Hailey Overby

Name of Person

Kennedy Licensing Service Inc.

Firm/Company

4144 N. Central Expressway, Suite 800

Address

Dallas, TX 75204

City/State and Zip code

hoverby@kennedylicensing.com

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

For further information concerning this matter, please call:

Hailey Overby

Name of Person

at (214) 855-0737

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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TALLAHASSEE, FLORIDA

**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. John A. Neu Insurance Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

JAN 03 2012

(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. 95-4137589

(FEI number, if applicable)

4. 02/02/1988

(Date of incorporation)

5. Perpetual

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

6. Upon Filing

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

7. 1025 W. 190th Street, Suite 215 Gardena, CA 90248

(Principal office address)

same as above

(Current mailing address)

8. Nonresident Insurance Agency Sales & 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: John D. Hatch, Esquire

Office Address: 1267 Berkshire Lane, Ste 200

Tarpon Springs, FL 34688

(City)

, Florida 34688

(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.

John D. Hatch
(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: Jon C. Walls

Address: 2889 Plaza Del Amo #607

Torrance, CA 90503

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jon C. Walls

Address: 2889 Plaza Del Amo #607

Torrance, CA 90503

Vice President: See Attached

Address: _____

Secretary: See Attached

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jon County Walls

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. Jon C Walls, President

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

State of California Department of Insurance
Form used for change of business entity disclosure.
Note: Do not leave any blank lines, mark as "none" or "N/A".

**Business Entity Disclosure
Corporate / Limited Liability Company Disclosure**

	Last Name,	First Name,	Middle	Residence Address
President	WALLS, JON, C			2889 PLAZA DEL AMO #807 TOLPANCE, CA 90203
Chief Executive Officer	N/A			N/A
Chairman of the Board	N/A			N/A
Vice President	PILES, YVONNE, NEU			3101 PLAZA DEL AMO #84 TOLPANCE, CA 90203
Vice President	N/A			N/A
Chief Financial Officer	HUNPADONGRAT, JANET			1110 S MARGUERITA AVE ALHAMBRA, CA 91803
Chief Operating Officer	N/A			N/A
Secretary	HUNPADONGRAT, JANET			1110 S MARGUERITA AVE, ALHAMBRA, CA 91803
Treasurer	N/A			N/A
Director	N/A			N/A
Director	N/A			N/A
Member	N/A			N/A
Member	N/A			N/A
Member	N/A			N/A
Manager	N/A			N/A
Manager	N/A			N/A
Stockholder	N/A			N/A
Stockholder	N/A			N/A
Stockholder	N/A			N/A

List those stockholders that own 10% or more of the corporation stock (attach a separate sheet if more space is needed)

Partnership Disclosure

Partner	N/A	N/A
Partner	N/A	N/A
Partner	N/A	N/A

If new or change in partner please complete Form LIC 421-4 Copartnership - Application for Registration, to
Organization Name JOHN A NEU INSURANCE SERVICES
Organization FEIN # 95-4137581


AUTHORIZING OFFICER, MANAGER, MEMBER, OR PARTNER'S SIGNATURE
PRESIDENT
TITLE

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State of California
Secretary of State

CERTIFICATE OF STATUS

JAN 24 2012

ENTITY NAME:

JOHN A. NEU INSURANCE SERVICES, INC.

FILE NUMBER: C1428111
FORMATION DATE: 01/27/1988
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

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 January 19, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State