

F1200 0000997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

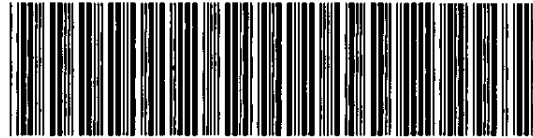
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. Shivers MAR 07 2012



February 29, 2012

**BY FEDERAL EXPRESS**

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

Re: Fullerton Insurance Service, Inc. – Application for Authorization to Transact Business

Dear Sir/Madam:

Please find attached for filing an Application for Authorization to Transact Business for Fullerton Insurance Service, Inc. Please also find attached a Certificate of Good Standing and a check in the amount of \$70 in payment of your filing fees.

Please forward the filing receipt to 3H Agent Services, Inc. 6 Clement Avenue Saratoga Springs, NY 12866 Attn: Elizabeth Harker. Please do not hesitate to contact me at 518 583-0639 Ext. 113 if you have any questions.

Best regards,

Yours truly,

A handwritten signature in black ink, appearing to read 'Beth' or 'Elizabeth', written over a light blue horizontal line.

Elizabeth Harker  
Beth.harker@3has.com

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Attachments

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New York Office

6 Clement Avenue  
Saratoga Springs, NY 12866

Phone: (800) 796-7859  
Fax: (800) 728-4954

## COVER LETTER

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

**SUBJECT:** Fullerton Insurance Service, 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:

Elizabeth Harker

Name of Person

3H Agent Services, Inc.

Firm/Company

6 Clement Avenue

Address

Saratoga Springs, NY 12866

City/State and Zip code

beth.harker@3has.com

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

For further information concerning this matter, please call:

Beth Harker

at ( 518 ) 583 0639 Ext. 113

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. Fullerton Insurance Service, 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. 95-3532500  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/16/1980 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. 1009 S. Placentia Ave., Fullerton, CA 92831  
(Principal office address)

1009 S. Placentia Ave., Fullerton, CA 92831  
(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, Florida 34685  
(City) (Zip code)

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TALLAHASSEE, FLORIDA  
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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.*

Robert L. J. J. J., VP of 3H Agent Services Inc.  
(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: Leslie Ann McCarthy

Address: 1009 S. Placentia Ave., Fullerton CA 92831

Vice Chairman: Kevin McCarthy

Address: 1009 S. Placentia Ave., Fullerton CA 92831

Director: Mary Jane Thompson

Address: 1009 S. Placentia Ave., Fullerton CA 92831

Director: James Thompson

Address: 1009 S. Placentia Ave., Fullerton CA 92831

**B. OFFICERS**

President: Leslie Ann McCarthy

Address: 1009 S. Placentia Ave., Fullerton CA 92831

Vice President: Kevin McCarthy

Address: 1009 S. Placentia Ave., Fullerton CA 92831

Secretary: Mary Jane Thompson

Address: 1009 S. Placentia Ave., Fullerton CA 92831

Treasurer: Mary Jane Thompson

Address: 1009 S. Placentia Ave., Fullerton CA 92831

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

13. Leslie McCarthy

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. Leslie McCarthy, President

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

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2012 MAR -6 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FULLERTON INSURANCE SERVICE, INC.

FILE NUMBER: C0997681  
FORMATION DATE: 09/16/1980  
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 February 21, 2012.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State