

F12000001120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

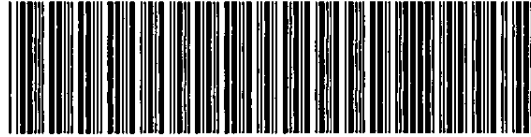
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000224024990

03/13/12--01009--008 **70.00

FILED
2012 MAR 13 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 14 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Valley 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:

Jamie Matheis

Name of Person

Licening Professionals

Firm/Company

PO BOX 566

Address

Lynden WA 98264

City/State and Zip code

cindy@valleyinsurance.com

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

For further information concerning this matter, please call:

Jamie Matheis

Name of Person

at (888) 543-5432

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 Cop ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

2012 MAR 13 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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. Valley 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

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

3. 95-3279620

(FEI number, if applicable)

4. 06/29/1978

(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. 800 South Barranca Ave., Suite 200 Covina CA 91723

(Principal office address)

800 South Barranca Ave., Suite 200 Covina CA 91723

(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

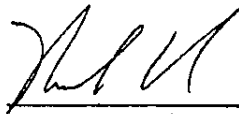
(City)

, Florida 32303

(Zip code)

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.



, Ninh Ho, Asst. Secretary, Paracorp Incorporated

(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.

FILED
2012 MAR 13 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attached

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. X *Dennis P. Monahan*

(Signature of Director or Officer listed in number 12 of the application)

14. Dennis P. Monahan

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

FILED
2012 MAR 13 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Valley Insurance Service, Inc.
800 South Barranca Ave, Suite 200
Covina, CA 91723
FEIN: 95-3279620

Dennis Monahan - VP
21685 Dunrobin Way
Yorba Linda, CA 92887

Chris Utterback - President
216 South 200 West
Cedar City, UT 84720

Mark Kenney - Secretary
216 South 200 West
Cedar City, UT 84720

Joe Callister - Treasurer
216 South 200 West
Cedar City, UT 84720

Leavitt Group Enterprises - *President*
21650 Oxnard Street Suite 1825
Woodland Hills, CA 91367
FEIN# 88-0090855

FILED
2012 MAR 13 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

VALLEY INSURANCE SERVICE, INC.

FILE NUMBER: C0868519
FORMATION DATE: 06/29/1978
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
2012 MAR 13 PM 2:01
SECRETARY OF STATE
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 27, 2012.

Debra Bowen

**DEBRA BOWEN
Secretary of State**