

F12000003524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

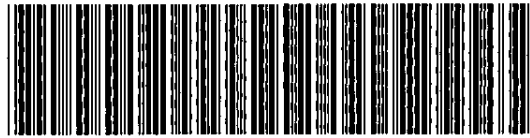
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/24/12--01008--009 **78.75

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J 8/27/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kennedy Licensing 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:

Hailey Overby

Name of Person

Robertson Taylor International Insurance Brokers, Inc.

Firm/Company

4144 N. Central Expressway Ste 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

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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 Copy

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. Robertson Taylor International Insurance Brokers, 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. 33-0699605
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/20/1995 5. Perpetual
(Date of incorporation) (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. 15260 Ventura Blvd. Suite 2230 Sherman Oaks, CA 91403
(Principal office address)

(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)

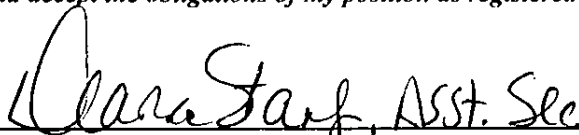
Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Ste A

Tallahassee, Florida 32301
(City) (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.

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

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: 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. 
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. Lisa Piscitello, CEO, Secretary
(Typed or printed name and capacity of person signing application)

Robertson Taylor International Insurance Brokers, Inc.
OFFICERS AND DIRECTORS

Bruce Knox
Chairman
142 Silver Lady Lane
North Bay, Ontario Canada P1B8G4

Lisa Piscitello
CEO/Secretary
7541 Linley Lane
West Hills, CA 91304

Shari Violas
President
4520 Tyrone Ave.
Sherman Oaks, CA 91423

Carol Thornhill
Director
31-24 55th Street
Woodside, NY 11377

Joe Hunnisett
CFO
116B Pebble Beach Drive
Callander, Ontario, Canada P01H0

Randall Mallory
Controller/Treasurer
6220 Pacific Ave. # 301
Playa Del Rey, CA 90293

Ian France
Director
8 Thorpehall Ave.
Thorpe Bay, Southend on Sea, Essex SS13AU

John Silcock
Director
33 Harbour Exchange,
London, England E14699

Neil Henry
Director
33 Harbour Exchange,
London, England E14699

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State of California
Secretary of State

CERTIFICATE OF STATUS

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DIVISION OF CORPORATIONS

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ENTITY NAME:

ROBERTSON TAYLOR INTERNATIONAL INSURANCE BROKERS, INC.

FILE NUMBER: C1951183
FORMATION DATE: 10/20/1995
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 August 02, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

AZR