

F13000002848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

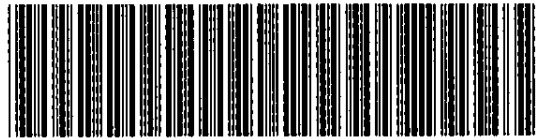
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/28/13--01006--010 **70.00

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13 JUN 28 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 07/01/13



LICENSING PROFESSIONALS

Insurance Compliance Service
P.O. Box 566, Lynden WA 98264
Toll Free: (888) 543-5432
Fax: (360) 933-1991
Email: jmatheis@licensingpros.com

MEMO

DATE: June 21, 2013
TO: Florida Secretary of State
FROM: Jamie Matheis
SUBJECT: Certificate of Authority for The Leavitt Insurance Group of Atlanta, Inc.

Submitted for your approval is the application for The Leavitt Insurance Group of Atlanta, Inc. to obtain Certificate of Authority. Enclosed you will find;

- Application to transact business in FL
- Certificate of Good Standing
- Articles of Incorporation
- A check in the amount of \$70 made payable to;

Florida Secretary of State
Division of Corporations
PO BOX 6327
Tallahassee FL 32314

Please contact Jamie Matheis with Licensing Professionals if you have any questions or need any additional information.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Leavitt Insurance Group of Atlanta, 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

Licensing Professionals

Firm/Company

PO BOX 566

Address

Lynden WA 98264

City/State and Zip code

jmatheis@licensingpros.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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. The Leavitt Insurance Group of Atlanta, 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. Georgia

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

3. 58-1712006

(FEI number, if applicable)

4. 01-02-1987

(Date of incorporation)

5. Perpetual

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

6. N/A

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

7. 2397 Huntcrest Way, Suite 100 Lawrenceville GA 30043

(Principal office address)

2397 Huntcrest Way, Suite 100 Lawrenceville GA 30043

(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: **Corporation Service Company**

Office Address: **1201 Hays Street**

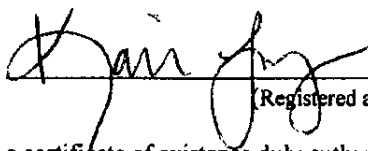
Tallahassee, Florida **32301**

(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.



Karissa Lowry, Assistant Secretary

(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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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. David L. Bridges, President

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

13 JUL 28 PM 4:35
OFFICE OF THE STATE
TALLAHASSEE, FLORIDA

The Leavitt Insurance Group of Atlanta, Inc.
2397 Huntcrest Way, Suite 100
Lawrenceville GA 30043
FEIN 58-1712006

Leavitt Group Enterprises
2397 Huntcrest Way, Suite 100
Lawrenceville GA 30043
Owner 99%
FEIN 88-0090855

Eric O. Leavitt
2397 Huntcrest Way, Suite 100
Lawrenceville GA 30043
SSN 528-70-6516
President

David L. Bridges
2397 Huntcrest Way, Suite 100
Lawrenceville GA 30043
SSN 252-15-9336
Owner 1%

Chris Utterback
2397 Huntcrest Way, Suite 100
Lawrenceville GA 30043
SSN 549-80-1238
CEO

Mark G. Kenney
2397 Huntcrest Way, Suite 100
Lawrenceville GA 30043
SSN 529-02-2554
Secretary

Caylor Dalley
2397 Huntcrest Way, Suite 100
Lawrenceville GA 30043
SSN 529-61-3720
Treasurer

13 JUN 23 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : J704890
DATE INC/AUTH/FILED : January 02, 1987
JURISDICTION : Georgia
PRINT DATE : 6/21/2013 1:53:06 PM

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE LEAVITT INSURANCE GROUP OF ATLANTA, INC.
A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: P. Kemp

Brian P. Kemp
Secretary of State

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13 JUN 28 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA