

F13000003583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

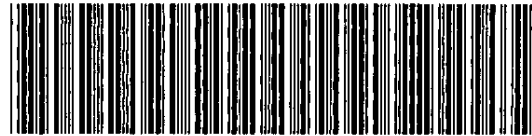
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MRB
8/22/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CoBiz Insurance - Employee Benefits, 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:

Gary T. Harker

Name of Person

3H Corporate Services, LLC

Firm/Company

6 Clement Avenue

Address

Saratoga Springs, NY 12866

City/State and Zip code

gary.harker@3hcs.com

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

For further information concerning this matter, please call:

Gary Harker

Name of Person

at (518) 583-0639 X111

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. **CoBiz Insurance - Employee Benefits, 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. **Colorado**

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

3. **84-1538864**

(FEI number, if applicable)

4. **3/27/2000**

(Date of incorporation)

5. **Perpetual**

(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. **821 - 17th Street, Suite 800, Denver, CO 80202**

(Principal office address)

821 - 17th Street, Suite 800, Denver, CO 80202

(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

(City)

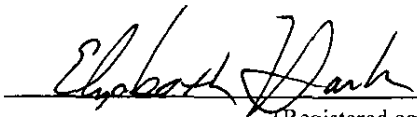
, Florida **34685**

(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.



(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: _____

Address: _____

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~~Vice Chairman:~~ Director: Lyne Andrich

Address: 821 - 17th Street

Denver, CO 80202

Director: Steven Bangert

Address: 821 - 17th Street

Denver, CO 80202

Director: Scott Page

Address: 821 - 17th Street

Denver, CO 80202

B. OFFICERS * Please see attached Schedule for additional Officers.

President: Paul Boehm

Address: 821 - 17th Street

Denver, CO 80202

Vice President: Kristen Deevy

Address: 821 - 17th Street

Denver, CO 80202

Secretary: Lyne Andrich

Address: 821 - 17th Street, Denver, CO 80202

Treasurer: Lyne Andrich

Address: 821 - 17th Street, Denver, CO 80202

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. Paul Boehm, President

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

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CoBiz Insurance – Employee Benefits, Inc.

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TALLAHASSEE, FLORIDA

Additional Officer Schedule

Officer Schedule

Name and Title	Business Address
Andrew Kallestad – Executive Vice President	821 – 17 th Street Denver, CO 800202
Jeffrey Smith, Jr. - Senior Vice President	821 – 17 th Street Denver, CO 80202
Troy Dumlao - Senior Vice President	821 – 17 th Street Denver, CO 80202
Regina Fellows - Vice President	821 – 17 th Street Denver, CO 80202
S. Kate McNamara Perreault – Vice President	821 – 17 th Street Denver, CO 80202

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

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TALLAHASSEE, FLORIDA

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CoBiz Insurance - Employee Benefits, Inc.

is a **Corporation** formed or registered on 03/27/2000 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20001062552.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/01/2013 that have been posted, and by documents delivered to this office electronically through 08/02/2013 @ 10:05:44.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 08/02/2013 @ 10:05:44 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8606045.



A handwritten signature in black ink, appearing to read "Scott Gessler".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi-/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."