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(FAX)

P.001/004

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

8944127

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION SBS OF CALIFORNIA INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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14 JAN -2 PM 3:17
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

1-8-14

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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. SBS of California Insurance Agency, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "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. 522305203

(FEI number, if applicable)

4. 02/22/2001

(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. 595 South Federal Highway, Suite 500, Boca Raton, FL 33432

(Principal office address)

595 South Federal Highway, Suite 500, Boca Raton, FL 33432

(Current mailing address)

8. Insurance Sales Administration

(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: **NRAI Services, Inc.**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida **33324**

(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.



Michele Holden,
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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STATE DEPARTMENT OF REVENUE
JAN 14 2014

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

A. DIRECTORS

Chairman: Marshall T. LeedsAddress: 595 S. Federal Highway, Ste. 500
Boca Raton, FL 33432

Vice Chairman: _____

Address: _____

Director: Steven C. JacobsAddress: 595 S. Federal Highway, Ste. 500
Boca Raton, FL 33432

Director: _____

Address: _____

B. OFFICERS

President: Marshall T. LeedsAddress: 595 S. Federal Highway, Ste. 500
Boca Raton, FL 33432

Vice President: _____

Address: _____

Secretary: Steven C. JacobsAddress: 595 S. Federal Highway, Ste. 500, Boca Raton, FL 33432Treasurer: Steven C. JacobsAddress: 595 S. Federal Highway, Ste. 500, Boca Raton, FL 33432

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. Steven C. Jacobs, Secretary

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

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SBS OF CALIFORNIA INSURANCE AGENCY, INC.

FILE NUMBER: C2333113
FORMATION DATE: 02/22/2001
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 December 31, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State