Division of porations

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To:

Division of Corporations

Pax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

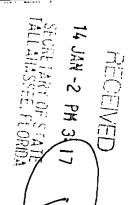
Account Number : FCA000000023 (850) 222-1092 Phone ; (850)878-5368 Pax Number

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

Email	Address:	1		

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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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE 1977 H SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA,

Crántal umua et et			
"Inc.," "Co.," "Ct	Orporation: must include "INCORPORATE! Orp.," "Inc," "Co." or "Corp."))," "COMPANY," "CORPORATION,"	
-			
		e adopted for the purpose of transacting business in Florida)	
California		_{3.} <u>522305203</u>	
	under the law of which it is incorporated)	(FEI number, is applicable)	
02/22/200	01	, Perpetual	
(Date	of incorporation)	(Durntion: Year corp. will cease to exist or "perpetuni")	
•			
	(Date first transnoted business	in Plorida, if prior to registration)	
505.0		1502, F.S., to determine penalty liability)	
595 South		500, Boca Raton, FL 33432	
707 6 4	(Principal office ad		
595 South	Federal Highway, Suite 5	00, Boca Raton, FL 33432	
	(Current mailing ad	(dreaa)	
Insurance	Sales Administration		
·	of corporation authorized in home state or	country to be carried out in state of Florida)	
	·	•	
. Name and stree	t address of Plorida registered agent: (P	O. Box NOT acceptable)	
Name:	NRAI Services, Inc.		
Mice Address:	1200 South Pine Island R	load	
	5 1 4 16		
	Plantation	, Florida 33324	

10. Registered agent's neceptance:

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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12. Numo	es and business addresses of officers and/or directors:
A. DIRE	
Chairman;	Marshall T. Leeds
Addrass: _	595 S. Federal Highway, Ste. 500
<u> </u>	Boca Raton, FL 33432
Vice Chair	man:
Addross: _	
 Director: _	Steven C. Jacobs
	595 S. Federal Highway, Ste. 500
-	Boca Raton, FL 33432
Director: _	
Address: _	
B. OFFI	
President:	Marshall T. Leeds
Address:	595 S. Federal Highway, Ste. 500
_	Boca Raton, FL 33432
Vice Presid	ient:
Address: _	
-	Stoven C. Jenska
•	Steven C. Jacobs
_	595 S. Federal Highway, Ste. 500, Boca Raton, FL 33432
	Steven C. Jacobs
Address: 💄	595 S. Federal Highway, Ste. 500, Boca Raton, FL 33432
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	flest the second
are true en a third deg	Signature of Director or Officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein in that he or she is aware that false information submitted in a document to the Department of State constitutes pree felony as provided for in s.817.155, P.S.
14. Ste	ven C. Jacobs, Secretary
	(Typed or printed name and capacity of person signing application)

H140000006253

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SBS OF CALIFORNIA INSURANCE AGENCY, INC.

FILE NUMBER: FORMATION DATE:

C2333113 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 Secretary of State