

F 14000000 2158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/13/14--01027--025 **78.75

RECEIVED
DIVISION OF CORPORATIONS
14 MAY 13 AM 9:38

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

5/8/2014

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
14 MAY 13 AM 10:31
TALLAHASSEE, FLORIDA

Re: **Mitchell & Mitchell Insurance Agency, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention.

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,
Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby
Treasurer & Initial Licg. Spec.
Email: hoverby@kennedylicensing.com

RECEIVED
14 MAY 13 AM 9:38
DIVISION OF CORP. OF FLORIDA

Enc: \$78.75 fee, App. in dup., Cert. G.S., Ofcr & dir list

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mitchell & Mitchell Insurance Agency, 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

Kennedy Lic Service, 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

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 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. **Mitchell & Mitchell Insurance Agency, 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. **CA**

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

3. **94-2778206**

(FEI number, if applicable)

4. **10/26/1981**

(Date of incorporation)

5. **Perpetual**

(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. **250 Bel Marin Keys Blvd. #E1 Novato, CA 94949**

(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 Drive Suite A

Tallahassee,

(City)

, Florida

32301

(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.

14 MAY 13 AM 9:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: See attached

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

14 MAY 13 AM 9:39
DIVISION OF CORPORATIONS
STATE DEPARTMENT OF REVENUE

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. Gary Mitchell, President

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

Mitchell & Mitchell Insurance Agency, Inc.
Officers & Directors

Gary Mitchell
President, Secretary, Treasurer & Director
77.5% Ownership
250 Bel Marin Keys Blvd. #E1
Novato, CA 94949

Carl Lunoren
Vice President
7.5% Ownership
250 Bel Marin Keys Blvd. #E1
Novato, CA 94949

Daniel McKenna
Vice President
7.5% Ownership
250 Bel Marin Keys Blvd. #E1
Novato, CA 94949

Paul Morris
Vice President
7.5% Ownership
250 Bel Marin Keys Blvd. #E1
Novato, CA 94949

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MITCHELL & MITCHELL INSURANCE AGENCY, INC.

FILE NUMBER: C1094571
FORMATION DATE: 10/26/1981
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 May 01, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State