

5/22/2014 9:46:43 From: To: 8506176381

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

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
PSC INSURANCE MARKETING CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Corporate Filing Menu

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DIVISION OF CORPORATIONS
14 MAY 22 PM 1:30

RECEIVED
14 MAY 22 AM 10:49
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PSC INSURANCE MARKETING CORPORATION

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:

Juli Penn

Name of Person

CT Wolters Kluwer

Firm/Company

818 W. 7th Street, Suite 200

Address

Los Angeles, CA 90017

City/State and Zip code

tbrothers@compliance.planmember.com

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

For further information concerning this matter, please call:

Bill Kemble

Name of Person

at (805) 684-1199

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 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. PSC INSURANCE MARKETING CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 77-0378072
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/05/1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 6187 Carpinteria Avenue, Carpinteria, CA 93013
(Principal office address)

same
(Current mailing address)

8. Distribution of Insurance Products
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By:

Connie Dwyer

(Registered agent's signature)

Connie Dwyer

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 22 PM 1:30

FILED
CLERK OF STATE
DEPT. OF STATE

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jon Ziehl

Address: 6187 Carpinteria Avenue

Carpinteria, CA 93013

Vice President: Allyn Close

Address: 6187 Carpinteria Avenue

Carpinteria, CA 93013

Secretary: Byron Bowman

Address: 6187 Carpinteria Avenue, Carpinteria, CA 93013

Treasurer: Bill Kemble

Address: 6187 Carpinteria Avenue, Carpinteria, CA 93013

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. Bill Kemble, Treasurer

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

**Attachment to Florida
Officers & Directors**

1	Full Name:	Jon Ziehl
	Officer/Director:	Officer, Director
	Officer's Title:	President
	Director's Title:	Director
	Business Address:	6187 Carpinteria Avenue
	City:	Carpinteria
	State:	CA
	ZIP Code:	93013

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

PSC INSURANCE MARKETING CORPORATION

FILE NUMBER: C1892442
FORMATION DATE: 07/05/1994
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 15, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State