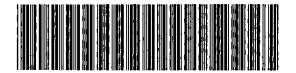
F/6000000750

(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:							

Office Use Only



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2016 FEB 18 PM 4: 49

EXAMINER K.SALY

COVER LETTER

TO:	O: Registration Section Division of Corporations						
SUBJ	ECT:	ONE STO	OP G	ENERAL INSURANCE	AGE.	NCY, INC	
				Name of corpora	ation	- must include suffix	
Dear S	ir or M	adam:					
"Certif	icate of	f Existenc	e," (Stan	Authorization to Transac ding" and check are sub ss in Florida.	
Please	return :	all corresp	oond	ence concerning this m	atter	to the following:	
ALLA	KOZLO	V					
ONE S	TOP GE	ENERAL I	NSU	Name RANCE AGENCY, INC	e of I	Person	
9951 A	TLANT	IC BLVD	STE	Firm/9	Com	pany	
JACKS	ONVIL	LE, FL 32	225	A	ddre	SS	
ONEST	OPGE	N@GMAII	L.CO		ite an	d Zip code	
			E	-mail address: (to be us	sed f	or future annual report n	otification)
For fur	ther inf	ormation	conc	erning this matter, plea	ase c	all:	
ALLA :	KOZLO	V					
······	Name	of Perso		at (425 Area		_) <u>877-3270</u> Daytime Teleph	none Number
	110223	0110150	•	7 11011	Couc	Daytime Totopi	ione ivalitoer
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
□ \$70	.00 Fili	ng 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. ONE STOP GE	ENERAL INSURANCE AGENCY, INC	·	
	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	1,"
1 STOP GENE	RAL INSURANCE AGENCY, INC		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transactin	g business in Florida)
2. WASHINGTO	N 3.	26-4539626	
(State or count	ry under the law of which it is incorporated)	(FEI number, if ap	plicable)
4. 03/26/2009	5.		
(Date	e of incorporation)	(Date of duration, if other	than perpetual)
6. NO BUSINESS	SYET		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)
7.9951 ATLANTIO	C BLVD STE 238 JACKSONVILLE, FL 3222	25	
	(Princip	oal office address)	
		_	. ~2
	(Current mailin	ng address, if different)	The state of the s
			THE THE
8. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	ELED WE'S
Name:	ALLA KOZLOV		F - F - F
0.65	0061 ATV ANTIC DI VID CITE 000		75 7
Office Address:	9951 ATLANTIC BLVD STE 238		多 哲 5
	JACKSONVILLE	, Florida <u>32225</u>	* #
	(City)	(Zip code)	
9. Registered ag	ent's acceptance:		
Having been nam	ed as registered agent and to accept servi	ce of process for the above stated	d corporation at the place
	application, I hereby accept the appointn comply with the provisions of all statutes r		
	familiar with and accept the obligations of		
	~~		
	(III)		
	(Registered a	gent's signature)	

10. 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.

11. Names and business addresses of officers and/or directors:	_
A. DIRECTORS	2016 FEB 18 PM 4:49
Chairman: ALLA KOZLOV	2016 FED 12
Address: 9951 ATLANTIC BLVD, STE 238	18 PM 4:19
JACKSONVILLE, FL 32225	TALLAHASSE OF STATE
Vice Chairman: SAME	- Mag
Address:	
Director: SAME	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	. 0
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors
12.	A Comment of the circumstance of the circumsta
Signature of Director or Officer	/
The officer or director signing this document (and who is listed in number 10 are true and that he or she is aware that false information submitted in a docu a third degree felony as provided for in s.817.155, F.S.	
13. ALLA KOZLOV	

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



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ONE STOP GENERAL INSURANCE AGENCY, INC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 3/26/2009.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: February 9, 2016

UBI: 602-910-307

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

