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TALLAHASSEE, FL 32301

2016 MAR -7 AM 11:49

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K. SALLY
EXAMINER

MAR -8

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Farmer-Orth-Leavitt 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:

Braxton Savage

Name of Person

Leavitt Group Enterprises

Firm/Company

216 S 200 W

Address

Cedar City, UT 84720

City/State and Zip code

braxton-savage@leavitt.com

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

For further information concerning this matter, please call:

Braxton Savage at (435) 865-4100
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

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

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

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than 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. _____
(Principal office address)

C. J. Miller Assistant Secretary
(Registered agent'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

Chairman: Bracken Longhurst

Address: 216 S 200 W
Cedar City, UT 84720

Vice Chairman: Eric Leavitt

Address: 216 S 200 W
Cedar City, UT 84720

Director: Jim Farmer

Address: 919 N 1st St
Phoenix, AZ 85004

Director: Tim Woods

Address: 919 N 1st St
Phoenix, AZ 85004

B. OFFICERS

President: Bracken Longhurst

Address: 216 S 200 W
Cedar City, UT 84720

Vice President: Jim Farmer

Address: 919 N 1st St
Phoenix, AZ 85004

Secretary: Mark G. Kenney

Address: 216 S 200 W, Cedar City, UT 84720

Treasurer: Mike Leavitt

Address: 216 S 200 W, Cedar City, UT 84720

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Mark G. Kenney

Mark G Kenney, Secretary

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

FARMER-ORTH-LEAVITT INSURANCE AGENCY, INC.

a domestic corporation organized under the laws of the State of Arizona, did incorporate on January 31 1990.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 16th day of February, 2016, A. D.




Jodi A. Jerich, Executive Director

By: _____ 1374846

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CLERK OF THE
SULLY HASSEY, ET AL.