(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	: 120000000	.95
	REFERENCE	: 106597	8092554
	AUTHORIZATION		
	COST LIMIT	50000000 : (\$ 70.00	War
ORDER DATE :	April 18, 2016		
ORDER TIME :	12:13 PM		
ORDER NO. :	106597-015		on on
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	FOREIGN F	<u>ILINGS</u>	هستو منظرت المراجعة المراجعة
			Tri me
NAME:	QBIS INSURANC	E SOLUTIONS, 1	INC.
XXXX QUALIFI	CATION (TYPE: <u>C</u>	<u>o</u>)	
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILE	ING:
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	ANDING	

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

10:	_	ion of Cor	porations						
CUDE	ECT.	QBIS Ins	- urance Solutions, I	nc.					
SUBJ	ECI:		Name	of corporat	ion -	must include suf	fix		
Dear S	ir or M	adam:							
"Certif	icate of	f Existenc		e of Good S	tanc	Authorization to T ling" and check a s in Florida.			
Please Edward		all corresp	ondence concern	ning this ma	tter	to the following:			
				Name	of P	erson		4	·····
QBIS I	nsuranc	e Solutions	s, Inc.						
				Firm/C	omp	any			المانية المانية المانية
344 20t	th Street	t, Suite 310)						
				Ac	ldres	SS			المراجعة الم
Oaklan	d, CA	94612							්
				City/Stat	e an	d Zip code			and the state of t
ed@qbi	isins.co	m							- Aller
			E-mail addres	ss: (to be use	ed fo	or future annual re	eport notif	ication)	محمصه وهور
For fur	ther int	formation	concerning this	matter, pleas	se ca	ill:			
Edward	l Igoe			925 at (708-1108 _)			_
	Name	e of Perso	n	Area C	ode	Daytime '	Telephone	Number	
	Regis Divisi Clifto 2661 Tallah	tration Se ion of Cor n Buildin Executive nassee, FL	porations g Center Circle 232301			Registra Division P.O. Box	NG ADDI tion Section of Corpor x 6327 see, FL 33	on rations	
Enclose	ed is a	check for	the following an	nount:					
□ \$70	.00 Fil	ing Fee	□ \$78.75 Fili Certificate			\$78.75 Filing Fe Certified Copy	e& 🗖	\$87.50 Filin Certificate Certified C	of Status &

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.

aw of which it is incorporated) 5 ation)	(FEI number, if applicable)		-
aw of which it is incorporated) 5 ation)	(FEI number, if applicable)		
	(Date of American if other than an motive		
	(Date of duration, if other than perpetua	al)	,
kland, CA 94612	lorida, if prior to registration) 2, F.S., to determine penalty liability)		
(Principal	office address)		To the second se
(Current mailing a	address, if different)	क्री <u>-</u> 0	1.58.5
f Florida registered agent: (P.O. I	Box NOT acceptable)		ŗ·i
on Service Company		10	177
	_		****
ee	32301 Florida		
(City)	(Zip code)		
	(Current mailing f Florida registered agent: (P.O. ion Service Company s Street ee (City) stance: tered agent and to accept service in, I hereby accept the appointment the provisions of all statutes rel	(Current mailing address, if different) f Florida registered agent: (P.O. Box NOT acceptable) ion Service Company s Street ee, Florida	(Current mailing address, if different) (Company (Company (City) (City)

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 Gregory P. Morris Chairman: 4132 Greenwood Ave. Address: Oakland, CA 94602 Edward W. Igoe Vice Chairman: 1413 Camino Peral Address: _ Moraga, CA 94556 Director: Director: **B. OFFICERS** Gregory P. Morris President: 4132 Greenwood Ave. Address: Oakland, CA 94602 Vice President: Address: _____ Edward W. Igoe Secretary: 1413 Camino Peral, Moraga, CA 94556 Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Edward W. Igoe - CFO, COO & Secretary

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

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QBIS INSURANCE SOLUTIONS, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL,

A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QBIS INSURANCE SOLUTIONS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

RPR 18 MM 95 61

Authentication: 202162895

Date: 04-18-16

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