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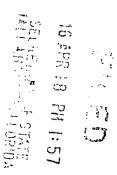
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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J. HARRIS

## **COVER LETTER**

	tration Section of Corp				
	•	vitt Insurance Ager	ncy, Inc.		
SUBJECT:		Name o	f corporation	- must include suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence,	on by Foreign Con or "Certificate corporation to tr	of Good Stan	ding" and check are si	sact Business in Florida," ubmitted to register the
Please return Braxton Savag	•	ndence concerni	ng this matter	to the following:	
			Name of I	Person	1-111-11-11-11-11-11-11-11-11-11-11-11-
Leavitt Group	Enterpris <b>e</b> s				
216 S 200 W			Firm/Com	pany	
Cedar City, UI	° 84720		Addre	ss	
braxton-savage	e@leavitt.com	n	City/State ar	nd Zip code	
		E-mail address:	(to be used f	or future annual repor	t notification)
For further in	formation c	oncerning this ma	atter, please c	all:	
Braxton Savag	e	,	435	865-4100 Daytime Tele	
Name	e of Person		Area Code	Daytime Tele	phone Number
Regis Divisi Clifto 2661 l Tallal	tration Section of Corpor Building Executive Chassee, FL	orations Center Circle		MAILING Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27
<b>≌</b> \$70.00 Fili		□ \$78.75 Filing Certificate of	Fee & 🗖	\$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.

Ewing-Leavitt I	nsurance Agency, Inc.		
(Enter name of c	orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION	, <b>,</b> .
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	g business in Florida)
Colorado 2.	3.		
(State or countr		(FEI number, if applicable)	
02/29/2016	of incorporation) 5	(Date of duration, if other	than perpetual)
4025 St. Cloud D	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 rive, STE 100, Loveland, CO 80538	lorida, if prior to registration)  2, F.S., to determine penalty liabili	ty)
	(Principal	office address)	
216 S 200 W, Ce	dar City, UT 84720		<u> </u>
8. Name and stree	(Current mailing et address of Florida registered agent: (P.O.	address, if different)  Box NOT acceptable)	
Name:	Corporation Service Company		Art en Transport
Office Address:	1201 Hays Street		H I S
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	

#### 9. 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.

Corporation Service Company

By: Aut 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. DIRI	ECTORS  Bryan Brenning	
Address:	4025 St. Cloud Drive, STE 100, Loveland, CO 80538	
	· Caylor Dalley	
	rman:	
Director: Address:	Steve Ewing 4025 St. Cloud Drive, STE 100, Loveland, CO 80538	
Director: Address:	Eric Leavitt 216 S 200 W, Cedar City, UT 84720	
B. OFFI	Caylor Dalley	52 m
	216 S 200 W, Cedar City, UT 84720	
Vice Presi	Steve Ewing dent:	(i) transp
Address:	4025 St. Cloud Drive, STE 100, Loveland, CO 80538	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Secretary: Address:	Mark G. Kenney 216 S 200 W, Cedar City, UT 84720	
Treasurer:		
Address: NOTE:	216 S 200 W, Cedar City, UT 84720  If necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that not that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.	

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Ewing-Leavitt Insurance Agency, Inc.

#### is a

### Corporation

formed or registered on 08/27/1991 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19911067726.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/26/2016 that have been posted, and by documents delivered to this office electronically through 02/29/2016 @ 16:10:57.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/29/2016 @ 16:10:57 in accordance with applicable law. This certificate is assigned Confirmation Number 9526748



Toyne N. Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."