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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. DISTRICT COURT
MILWAUKEE, WISCONSIN

T WASHINGTON

NOV 14 2016

111 N RAILROAD ST
GROESBECK, TX 76642



PHONE: 254.729.8002
FAX: 254.729.8069

November 7, 2016

Region Code 1753

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301
Fax: 850-245-6014

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **360 Risk Partners Insurance Solutions, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #25149 Amount \$ 70.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Shawna Smith

Shawna Smith
Licensing & Compliance Specialist
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6158
Fax: 254.729.8069
Email: ssmith@ilsainc.com

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TALLAHASSEE, FLORIDA

112-0310

112

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 360 Risk Partners Insurance Solutions, 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:

Shawna Smith

Name of Person

ILSA

Firm/Company

111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip code

ssmith@gilsainc.com

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

For further information concerning this matter, please call:

Shawna Smith

at (254) 729-6158

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

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. 360 Risk Partners Insurance Solutions, Inc.

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

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

2. CA

(State or country under the law of which it is incorporated)

3.

46-6982602

(FEI number, if applicable)

4. 09/06/2012

(Date of incorporation)

5.

Perpetual

(Date of duration, if other than perpetual)

6. Upon Filing

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

7. 1101 Fulton Ave Suite 204 Sacramento, CA 95825

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221E

Palm Beach Gardens

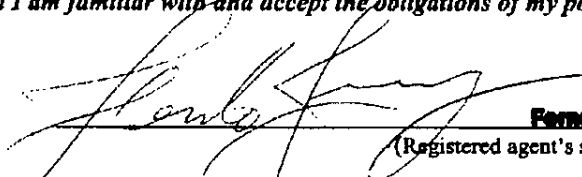
(City)

, Florida 33410

(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.



Fernando Hernandez, Special 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.

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bret Fair

Address: 1101 Fulton Ave Suite 204 Sacramento, CA 95825

Vice President: Ryan Hughes

Address: 1101 Fulton Ave Suite 204 Sacramento, CA 95825

Secretary: Bret Fair

Address: 1101 Fulton Ave Suite 204 Sacramento, CA 95825

Treasurer: Ryan Hughes

Address: 1101 Fulton Ave Suite 204 Sacramento, CA 95825

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

12. Bret Fair

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. Bret Fair President

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

360 RISK PARTNERS INSURANCE SOLUTIONS, INC.

FILE NUMBER: C3502497
FORMATION DATE: 09/06/2012
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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STATE
FBI/DOJ/FLORIDA

I, ALEX PADILLA, 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 September 14, 2016.

ALEX PADILLA
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2016

SHAWNA SMITH
111 N. RAILROAD ST
GROESBACK, TX 76642

Having fulfilled the requirements of section 607.1503 or 617.1503, Florida Statutes, on November 10, 2016, this Certificate of Authority is hereby issued to 360 RISK PARTNERS INSURANCE SOLUTIONS, INC., a California corporation, in accordance with said statute and assigned document number F16000005063. Please refer to this number whenever corresponding with this office.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please notify this office if the corporate address changes.

Should you have any questions regarding this matter, please contact this office at (850) 245-6051.

Tanisha L Washington
Regulatory Specialist II
Registration Section
Division of Corporations

Letter Number: 716A00024365