

F/60000054/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

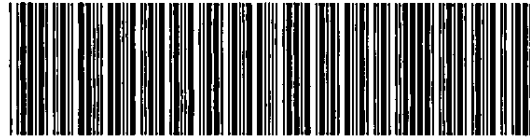
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 DEC -5 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

DEC -7 2016



November 29, 2016

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Napa River Insurance Services, Inc.

Dear Sir or Madam:

We are submitting duplicate copies of application for certificate of authority for the above referenced entity.

Also enclosed are a certificate of good standing, a Cover Letter, and our check in the amount of \$70.00.

Please contact us directly if you have any questions or if you need additional information.

Sincerely,

A handwritten signature in cursive script that reads "Margaret Antaya".

Margaret Antaya
Licensing Technician

Cumberland Licensing Corporation

P.O. Box 7543, Cumberland, RI 02864 • Phone 401.333.4805 • Fax 401.334.2281 • clc@cumberlandlicensing.com

www.cumberlandlicensing.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Napa River Insurance Services, 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:

Margaret Antaya

Name of Person

Cumberland Licensing Corp. (Attn: Margaret Antaya)

Firm/Company

P.O. Box 7543

Address

Cumberland, RI 02864

City/State and Zip code

ddouglas@hudsoninsgroup.com

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

For further information concerning this matter, please call:

Dale S. Douglas, Vice President

at (913) 378-1585

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. Napa River Insurance Services, 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. California 3. 41-2178967
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/07/2005 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 851 Napa River Corporate Way, Napa, CA 94558
(Principal office address)

Same as above

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, FL 33324, Florida _____
(City) (Zip code)

FILED
2016 DEC -5 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

C T Corporation System

By: [Signature] Olga Hinkel, VP
(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: Margaret M. Killeen

Address: 851 Napa River Corporate Way, Napa, CA 94558

Vice Chairman:

Address:

Director: Denae A. Olmsted

Address: 851 Napa River Corporate Way, Napa, CA 94558

Director: Stephen M. Philleo

Address: 851 Napa River Corporate Way, Napa, CA 94558

B. OFFICERS

President: Christopher L. Gallagher

Address: 851 Napa River Corporate Way, Napa, CA 94558

Vice President: Dale S. Douglas

Address: 851 Napa River Corporate Way, Napa, CA 94558

Secretary: Dina G. Daskalakis

Address: 851 Napa River Corporate Way, Napa, CA 94558

Treasurer: John F. Verbich

Address: 851 Napa River Corporate Way, Napa, CA 94558

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

12. Dina Daskalakis
Dina G. Daskalakis 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. Dina G. Daskalakis, Secretary

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

FILED
2016 DEC -5 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

FILED
2016 DEC -5 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

NAPA RIVER INSURANCE SERVICES, INC.

FILE NUMBER: C2751541
FORMATION DATE: 06/07/2005
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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 November 23, 2016.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State