# F17000001395

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

	Registration Section Division of Corporations					
SUBJE	CT: Pacific Sur	rety Insurance Agei	ncy, Inc.			
~ 0		Name o	of corporation	- must include s	uffix	
Dear Sir	or Madam:					
"Certific	ate of Existence	on by Foreign Co e," or "Certificate a corporation to tr	of Good Stan	ding" and check		siness in Florida," ed to register the
Please re	turn all corresp	ondence concerni	ng this matter	to the following	;;	
Susan Su	Hivan					
			Name of	Person		····· <u>-</u>
Cumberla	and Licensing Co	rporation				
			Firm/Com	pany		<u> </u>
PO Box ?	7543					
			Addro	ess		
Cumberla	and, RI 02864					
			City/State a	nd Zip code		
jtigro@h	udsoninsgroup.co					
		E-mail address	: (to be used t	for future annual	report notifi	cation)
For furth	er information	concerning this m	atter, please o	call:		
Susan Su	ıllivan		401	333-4805	) 333-4805 Daytime Telephone Number	
	Name of Persoi	1	Area Cod	e Daytim	e Telephone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:	Regist Divisio P.O. B	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed	d is a check for	the following amo	ount:			
■ \$70.0	00 Filing Fee	S78.75 Filing Certificate of		1 \$78.75 Filing I 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.

(If name unavails	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting busin	ness in Florida)
California	•	1-2411824	
	y under the law of which it is incorporated)	(FEI number, if applicable	le)
04/04/2016	5.		
(Date	of incorporation)	(Date of duration, if other than p	erpetual)
Upon qualificati	ion		
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
150 N. Wiget Lai	ne, Suite 114, Walnut Creek, CA 94598		
	(Principa	l office address)	
			17
	(Current mailing	address, if different)	en gede geden mg ten mg ten ten
			12:
Name and stree	et address of Florida registered agent: (P.O.	Box NOT accentable)	i "
	et address of Florida registered agent; (P.O. C T Corporation System	Box <u>NOT</u> acceptable)	- 73
Name:		Box <u>NOT</u> acceptable)	.:.
Name:	C T Corporation System  1200 South Pine Island Road		
	C T Corporation System  1200 South Pine Island Road	Box NOT acceptable)  Florida 33324(Zip code)	.:.

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. DIR	RECTORS	
Chairman	n:	<del></del>
Address:		<del></del>
	Karin Zimmerly	
Director		
Address:		
	Walnut Creek, CA 94598	
Director:	Jackie Harris	
Address:	150 N. Wiget Lane, Suite 114	
	Walnut Creek, CA 94598	<u> </u>
Director:	•	<u> </u>
Address:	<u>.                                      </u>	2
		. 3
B. OFF	FICERS	120
President	Joseph Tigro	
Address:	150 N. Wiget Lane, Suite 114	
	Walnut Creek, CA 94598	
Assistant Vice Pres	esident: Michael Patrick Morris	
Address:	150 N. Wiget Lane, Suite 114	
	Walnut Creek, CA 94598	
Secretary	Jackie Harris y:	
Address:	150 N. Wiget Lane, Suite 114, Walnut Creek, CA 94598	
Treasurer	Joseph Tigro er:	
Address:	150 N. Wiget Lane, Suite 114, Walnut Creek, CA 94598	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.
are true a third d	Signature of Director or Officer ficer or director signing this document (and who is listed in number 11 above) affirms that the face and that he or she is aware that false information submitted in a document to the Department of degree felony as provided for in s.817.155, F.S. seph Tigro, President/Treasurer	
13.		

## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

PACIFIC SURETY INSURANCE AGENCY, INC.

FILE NUMBER:

C3892937

FORMATION DATE:

04/04/2016

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 February 04, 2017.

> ALEX PADILLA Secretary of State