

F17000003402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

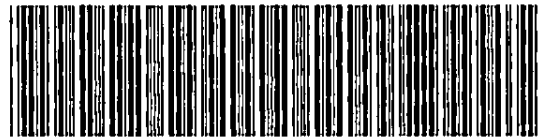
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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LICENSING PROFESSIONALS

Insurance Compliance Service

P.O. Box 566, Lynden WA 98264

Toll Free: (888) 543-5432

Fax: (360) 933-1991

Email: JMatheis@licensingpros.com

MEMO

DATE: July 20, 2017

TO: Florida Secretary of State
Division of Corporations
PO BOX 6327
Tallahassee FL 32314

FROM: Jamie Matheis

SUBJECT: Application to obtain Certificate of Authority- Leavitt United
Insurance Services, Inc.

Submitted for your approval are the following documents;

- Application for Certificate of Authority
- Good Standing
- A check in the amount of \$70 made payable to;

Florida Secretary of State

Please contact me should you require any additional information;

Jamie Matheis
Licensing Specialist
8885435432
jmatheis@licensingpros.com

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Risk Services of Louisiana, 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:

Jamie Matheis
Name of Person

Licensing Professionals
Firm/Company

PO BOX 566
Address

Lynden WA 98264
City/State and Zip code

jmatheis@licensingpros.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Matheis at (888) 543-5432
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. Risk Services of Louisiana, 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. Louisiana

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

3. 72-1497952

(FEI number, if applicable)

4. 03/22/2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. 6425 Youree Drive, Ste. 550 Shreveport LA 71105

(Principal office address)

6425 Youree Drive, Ste. 550 Shreveport LA 71105

(Current mailing address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Carole Valley Asst. Sec.

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

A. DIRECTORS – See Attached

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Vladimir Chemadurov

Address: 2190 North Loop West, Suite 309

Houston, TX 77018

Vice President: Robert W. Eppers

Address: 400 Texas Street, Suite 100

Shreveport, LA 71101

Secretary: Mark G. Kenney

Address: 216 S 200 W, Cedar City, UT 84720

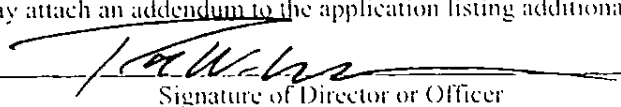
Treasurer: Keith Callister

Address: 216 S 200 W, Cedar City, UT 84720

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EMBASSY
TALLAHASSEE, FLORIDA

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

12. _____


Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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. Robert Eppers, COO

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

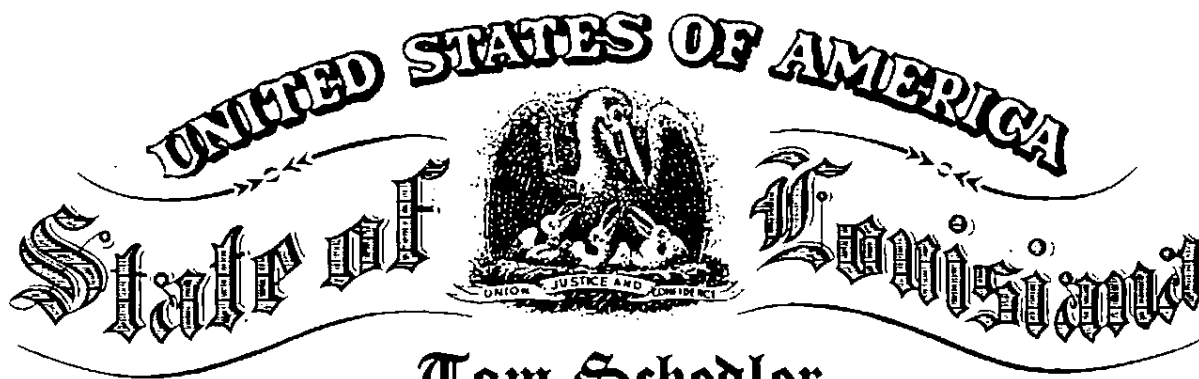
DIRECTORS:

- Vance Smith
 - 216 S 200 W, Cedar City, UT 84720
- Vladimir Chemadurov
 - 2190 North Loop West, Suite 309, Houston, TX 77018
- Eric Leavitt
 - 216 S 200 W, Cedar City, UT 84720
- Jake Jensen
 - 216 S 200 W, Cedar City, UT 84720

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ALLAHASSEE, FLORIDA



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

RISK SERVICES OF LOUISIANA, INC.

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on March 22, 2001,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

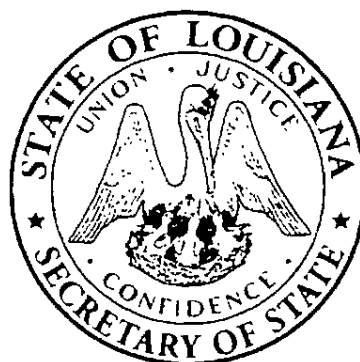
I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 20, 2017

Secretary of State

Web 35060552D



Certificate ID: 10840946#93P83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov