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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Archibald Insurance Center, Inc.

**SUBJECT:** \_\_\_\_\_  
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:  
Katie Bearnson

\_\_\_\_\_  
Name of Person  
Leavitt Group Enterprises, Inc.

\_\_\_\_\_  
Firm/Company  
216 S 200 W

\_\_\_\_\_  
Address  
Cedar City, UT 84720

\_\_\_\_\_  
City/State and Zip code  
katie-bearnson@leavitt.com

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

For further information concerning this matter, please call:

Katie Bearnson                      435                      8653825  
\_\_\_\_\_  
Name of Person                      at ( \_\_\_\_\_ )                      Daytime Telephone Number  
Area Code

**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.*

Archibald Insurance Center, Inc.

1. \_\_\_\_\_  
(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)  
Idaho

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
3/29/1985

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
Upon Filing

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
135 W Main Rexburg, ID 83440

7. \_\_\_\_\_  
(Principal office address)  
216 S 200 W Cedar City, UT 84720  
\_\_\_\_\_  
(Current mailing address, if different)

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.*

Corporation Service Company

By: Carole V. Kelly, Asst. 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.

17 AUG 22 AM 7:23  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Vance K. Smith

Chairman:

216 S 200 W Cedar City, UT 84720

Address:

Eric O. Leavitt

Vice Chairman:

216 S 200 W Cedar City, UT 84720

Address:

Aaron Cottle

Director:

135 W Main Rexburg, ID 83440

Address:

Gary Archibald

Director:

135 W Main Rexburg, ID 83440

Address:

**B. OFFICERS**

Jake Jensen

President:

216 S 200 W Cedar City, UT 84720

Address:

Aaron Cottle

Vice President:

135 W Main Rexburg, ID 83440

Address:

Mark G. Kenney

Secretary:

216 S 200 W Cedar City, UT 84720

Address:

Mike Leavitt

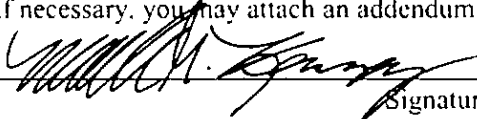
Treasurer:

216 S 200 W Cedar City, UT 84720

Address:

**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 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.

Mark G. Kenney, Secretary

13.

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

# State of Idaho

Office of the Secretary of State

**CERTIFICATE OF EXISTENCE  
OF  
ARCHIBALD INSURANCE CENTER, INC.**

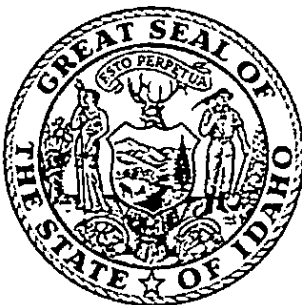
File Number C 78207

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the record of this office show that the above-named corporation was incorporated under the laws of Idaho on March 29, 1985.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: June 16, 2017



*Lawrence Denney*  
SECRETARY OF STATE

By *Al Beatty*