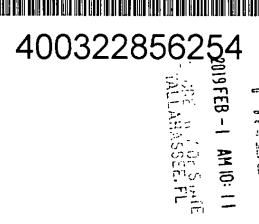
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W1900000 485321

Office Use Only





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January 14, 2019

PENGUIN INSURANCE SERVICES INC AMANDA NGUYEN 860 HILLVIEW SERVICES INC MILPITAS, CA 95035 US

SUBJECT: PENGUIN INSURANCE SERVICES INC

Ref. Number: W19000004853

We have received your document for PENGUIN INSURANCE SERVICES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sterling R Abney Regulatory Specialist II

Letter Number: 319A00001062

RECEIVED FEB 01 709

COVER LETTER

	gistration Sec vision of Corp								
SUBJECT: Penguin		uin	Insurance			Service	S	Inc.	
						nclude suffi:			
Dear Sir or	Madam:								
"Certificate		e," or "Cer	tificate of (Good Stand	ing" ar	id check are		Business in Fl itted to registe	
Please retui	rn all corresp	ondence c	oncerning t	his matter t	o the f	ollowing:			
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Enclosed is	a check for t	he followi	ng amount:						
□ \$70.00 F	Filing Fee		5 Filing Fed ficate of St			Fifing Fee & ed Copy	Ĉ	S87.50 Fili Certificate Certified C	of Status &

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. Penguin 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

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

461327046

(FEI number, if applicable) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Hillycw (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Amanda Pynyer 17703 Hunfing Bow Cr. Suite # 101 Lutz . Florida 33558 Name: Office Address: 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.

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. DIREC	CTORS							
Chairman:	₿ 0	Peng						
Address: _	860	HiTTview	court	Suite	# 320			
_	Mapa	tas ca.	95035		•		,	
Vice Chairn	nan:	amanda	Nguyen					
Address: _		Hilliam	Court	Suite	#320			
		tas, CA	95035					
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Director:					· · · · · · · · · · · · · · · · · · ·			_
B. OFFIC	EERS							_
President: _								
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			addendum to the		ting additional series			
		you may added an	_/ '	Marion is	ang additional offic	ers and/or direc	HOIS.	
The officer are true and	or director I that he or	r signing this docun	Signature of Dire nent (and who is list disc information sub	ed in numbe	er 11 above) affirms document to the Dep	partment of Stai	tated herein	:s
13		(Typed or printer	Aname and capacity	o V of person's	igning application)	6ra		

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PENGUIN INSURANCE SERVICES INC

FILE NUMBER:

C3516470

FORMATION DATE:

10/26/2012

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 December 28, 2018.

ALEX PADILLA Secretary of State