

F19000001470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

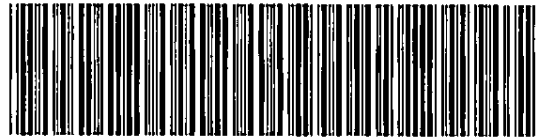
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000032363

Office Use Only



200326362822

03/18/19--01033--007 **70.00

FILED
2019 MAR 27 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/20/19

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2019

NICOLE COMPTON
P.O. BOX 566
LYNDEN, WA 98264

SUBJECT: COMTECH-LEAVITT INSURANCE SERVICES, INC.
Ref. Number: W19000032363

We have received your document for COMTECH-LEAVITT INSURANCE SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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

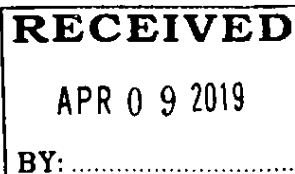
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 319A00006353

RECEIVED

APR 15 2019





LICENSING PROFESSIONALS

Insurance Compliance Service

P.O. Box 566, Lynden WA 98264

Toll Free: (888) 543-5432

Fax: (360) 933-1991

Email: NCompton@licensingpros.com

MEMO

DATE: April 10, 2019

TO: Florida Department of State
Corporate Division
P.O. Box 6327
Tallahassee, FL 32314

FROM: Nicole Compton

SUBJECT: Application for Certificate of Authority

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TALLAHASSEE, FLORIDA

Resubmitted for your approval is the application to register **ComTech-Leavitt Insurance Services, Inc.** as a foreign corporation with the authority to transact business in your state.

Please note this filing was returned to me in error as question 6 was left blank on the original application I submitted – this corporation has *not* transacted business in Florida and therefore should not be receiving a penalty.

Enclosed you will find the following:

- Rejection Letter
- Application for Foreign Corporation
- Certificate of Good Standing

The check in the amount of \$70.00 that was submitted with the original application should still be on file with your department.

If you have any questions please contact me at (888) 543-5432 or by email at ncompton@licensingpros.com. Thank you.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ComTech-Leavitt 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:

Nicole Compton	FILED 2019 MAR 27 PM 4:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name of Person	
Licensing Professionals	
Firm/Company	
P.O. Box 566	
Address	
Lynden, WA 98264	
City/State and Zip code	
Joe-Weipert@leavitt.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Nicole Compton	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. ComTech-Leavitt 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. Utah 3. 83-0775180
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/31/2018 5. perpetual
(Date of incorporation) (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. 183 Eclipse Drive, Saint George, UT 84770
(Principal office address)

183 Eclipse Drive, Saint George, UT 84770
(Current mailing address)

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

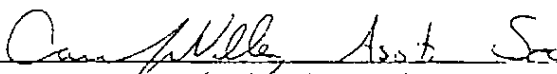
Name: Corporation Service Company

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.


(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Vance Smith

Address: 216 S. 200 W.

Cedar City, UT 84720

Vice Chairman: Jake Jensen

Address: 216 S. 200 W

Cedar City, UT 84720

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jake Jensen

Address: 216 S 200 W

Cedar City, UT 84720

Vice President: Joseph Weipert

Address: 183 Eclipse Drive

Saint George, UT 84770

Secretary: Mark Kenney

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

Treasurer: _____

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 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. Joseph Weipert, Vice President / Director

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

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TALLAHASSEE, FLORIDA



Utah Department of Commerce
Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

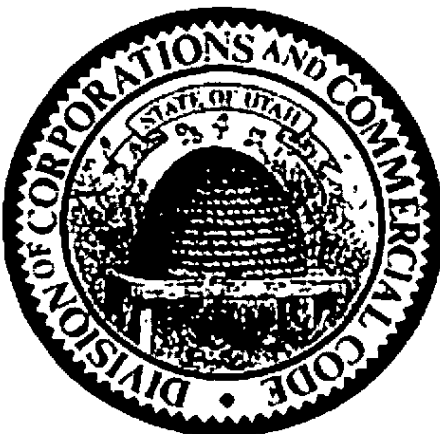
03/11/2019
10856748-014203112019-3458018

CERTIFICATE OF EXISTENCE

Registration Number: 10856748-0142
Business Name: COMTECH-LEAVITT INSURANCE SERVICES, INC.
Registered Date: May 31, 2018
Entity Type: Corporation - Domestic - Profit
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.

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2019 MAR 27 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Jason Sterzer
Director
Division of Corporations and Commercial Code