

F19000003075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

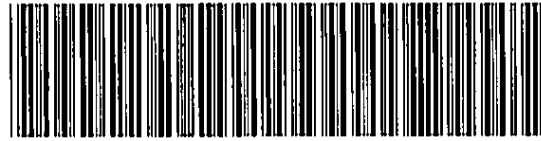
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/24/18--01015--030 4478.75

FILED  
2019 JUN 24 AM 11:45  
CLERK OF SUPERIOR COURT  
TALLAHASSEE FLORIDA

D. BRUCE  
JUL 06 2019

**KENNEDY LICENSING SERVICE, INC.**

**\*\*\* PROMPT ATTENTION REQUESTED \*\*\***

6/17/2019

Corp. Div.  
FL Secy. of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Commodore Insurance Services, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention.

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,  
Kennedy Licensing Service, Inc.

*Hailey Overby*

Hailey Overby  
Treasurer & Initial Licg. Spec.  
Email: [hoyerby@kennedylicensing.com](mailto:hoyerby@kennedylicensing.com)

Enc: \$78.75 fee, App. in dup., Cert. G.S.

**RECEIVED**  
JUN 21 2019

**FILED**

2019 JUN 24 AM 11:45  
TALLAHASSEE FL 32314

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Commodore 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:

Hailey Overby

Name of Person
Kennedy Licensing Service Inc.
Firm/Company
4144 N Central Expwy Ste 800
Address
Dallas, TX 75204
City/State and Zip code
hoverby@kennedylicensing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hailey Overby	214	855-0737
Name of Person	at (Area Code)	Daytime Telephone Number

**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.*

Commodore Insurance Services, 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)

2. CA 3. 33-0420998  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/06/1990 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

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

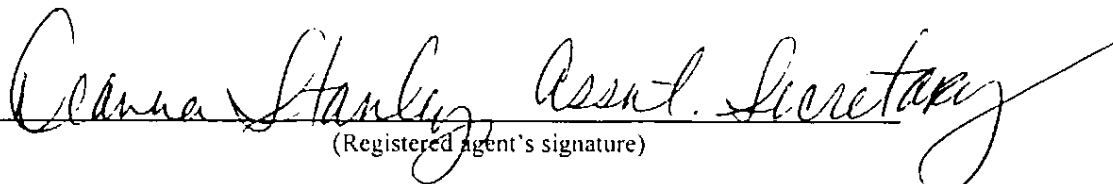
7. 2700 Ygacio Valley Rd. #190 Walnut Creek, CA 94598  
(Principal office address)  
same  
(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.  
Office Address: 155 Office Plaza Dr Suite A  
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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2019 JUN 24 AM 11:45  
TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Hunter Moss

Address: 2700 Ygacio Valley Rd., #190 Walnut Creek CA 94598

Vice President: Eileen Chang

Address: 2700 Ygacio Valley Rd., #190 Walnut Creek CA 94598

Secretary: Maria Velasquez

Address: 2700 Ygacio Valley Rd., #190 Walnut Creek, CA 94598

Treasurer: Hunter Moss

Address: 2700 Ygacio Valley Rd., #190 Walnut Creek CA 94598

**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.

13. Hunter Moss, President

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

FILED  
2019 JUN 24 AM 11:46  
CLERK OF SUPERIOR COURT  
JULIA HARRIS-SEITZ

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

COMMODORE INSURANCE SERVICES, INC.

FILE NUMBER: C1568741  
FORMATION DATE: 07/06/1990  
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 June 06, 2019.

ALEX PADILLA  
Secretary of State