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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003772  
Phone : (888)491-1120  
Fax Number : (954)333-4242

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: johnjarvie2@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Oversea Insurance Agency, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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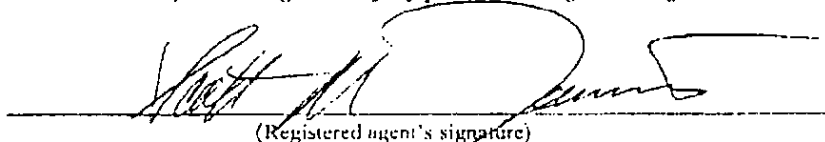
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Oversea Insurance Agency, 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 3. 05-3816030  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 23, 1982 5. \_\_\_\_\_  
(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. 801 Seabreeze Blvd., D, Fort Lauderdale, Florida 33316  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Scott M. Jarvie  
Office Address: 1 Las Olas Circle, # 1211  
Fort Lauderdale, Florida 33316  
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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2021 NOV -9 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

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## A. DIRECTORS

☐ Chairman Name: Scott M. Jarvie

☐ Vice Chairman Address: 1 Las Olas Circle, #1211

☐ Director Fort Lauderdale, FL 33316

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: John M. Jarvie

☐ Vice Chairman Address: 406 NE 12th Avenue

☐ Director Fort Lauderdale, FL 33301

☐ President \_\_\_\_\_

☒ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Scott M. Jarvie, President  
(Typed or printed name and capacity of person signing application)

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**Secretary of State**  
**Certificate of Status**

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: OVERSEA INSURANCE AGENCY, INC.  
File Number: C1163140  
Registration Date: 11/23/1982  
Entity Type: DOMESTIC STOCK CORPORATION  
Jurisdiction: CALIFORNIA  
Status: ACTIVE (GOOD STANDING)

As of October 19, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 October 20, 2021.

SHIRLEY N. WEBER, Ph.D.  
Secretary of State

Certificate Verification Number: RG1DDVY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bizfile.sos.ca.gov/certification/index](http://bizfile.sos.ca.gov/certification/index).

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OVERSEA INSURANCE AGENCY, INC.  
801 SEABREEZE BLVD., D  
FORT LAUDERDALE, FLORIDA 33316

Florida Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

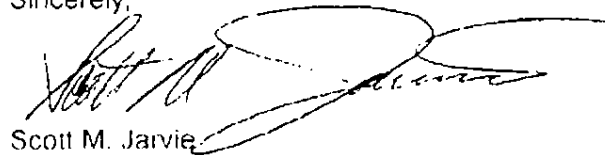
Dear Florida Division of Corporations:

Oversea Insurance Agency, Inc, document number P21000091303, filed Articles of Dissolution on November 9, 2021.

Oversea Insurance Agency, Inc has no intention of revoking the dissolution and hereby releases the name for use to another entity.

Oversea Insurance Agency, Inc further consents to the filing of an Application by Foreign Corporation for Authorization to Transact Business in Florida by Oversea Insurance Agency, Inc., a California stock corporation.

Sincerely,



Scott M. Jarvie

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