

F98000003857

FILING COVER SHEET

REFERENCE: 013.3168

DATE: 7-7-98

CONTACT: CINDY HICKS

FROM: CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

300002581803--7
-07/07/98--01083--011
***122.50 ***122.50

TELEPHONE: 222-1173

SUBJECT: Mega Agency Insurance Services,
Incorporated

STATE FEES PREPAID WITH CHECK # 10751 FOR \$ 122.50

PLEASE FILE:

☐ ARTICLES OF INC.

☐ AMENDMENT

☐ DISSOLUTION

☐ ANNUAL REPORT

☐ MERGER

☐ WITHDRAWAL

☒ QUALIFICATION

☐ LIMITED PARTNERSHIP ☐ ANNUAL REPORT

☐ FICTITIOUS NAME

☐ LIMITED LIABILITY

☐ REINSTATEMENT

☐ TRADEMARK/SERVICE

☐ UCC-1

☐ UCC-3

PROVIDE US WITH:

☒ CERTIFIED COPY

☐ CERTIFICATE OF STATUS

☐ STAMPED COPY

Examiner's Initials

FILED
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL -7 PM 1:07 98 JUL -7 PM 2:10

mtw
7/7

**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. MEGA AGENCY INSURANCE SERVICES, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. CALIFORNIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/28/98 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Corporation has not yet begun doing business in Florida as of this date.
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 4100 Newport Place, Suite 790, Newport Beach, CA 92660
(Current mailing address)

8. Life Insurance Agency
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida, 32301
(Zip Code)

10. **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) C. Baclet, Vice President

11. 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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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Eddie Allen

Address: 4100 Newport Place, Suite 790, Newport Beach, CA 92660

Vice Chairman: Mark Burke

Address: 4100 Newport Place, Suite 790, Newport Beach, CA 92660

Director: Lucinda Herdman

Address: 4100 Newport Place, Suite 790, Newport Beach, CA 92660

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Eddie Allen

Address: 4100 Newport Place, Suite 790, Newport Beach, CA 92660

Vice President: Lucinda Herdman

Address: 4100 Newport Place, Suite 790, Newport Beach, CA 92660

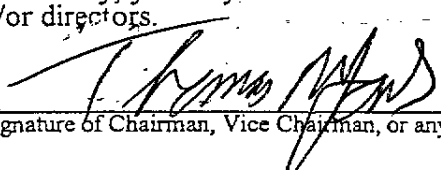
Secretary: Thomas M. Jones

Address: 4100 Newport Place, Suite 790, Newport Beach, CA 92660

Treasurer: Mark Burke

Address: 4100 Newport Place, Suite 790, Newport Beach, CA 92660

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Executive Vice President and General Counsel- Thomas M. Jones
(Typed or printed name and capacity of person signing application)

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State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 28th day of May, 19 98,

MEGA AGENCY INSURANCE SERVICES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

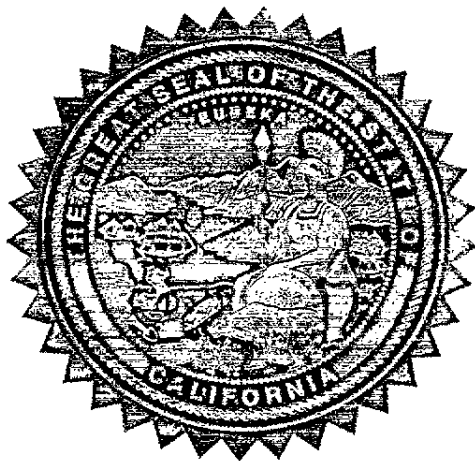
That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of
the State of California this day of

July 2, 1998



Bill Jones

Secretary of State