

F99000003136

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Mountain States 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", 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:

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-06/15/99--01089--005
*****70.00 *****70.00

Frances Farnsworth
(Name of Person)

Lovitt & Touche' Inc.
(Firm/Company)

5050 N. 40th Street, Suite 220, P.O. Box 80587
(Address)

Phoenix, AZ 85060-0587
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Frances Farnsworth at (602) 956-2250
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 15 PM 3:05

Name	MJH
Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

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. MOUNTAIN STATES INSURANCE SERVICES, INCORPORATED
(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. State of Arizona
(State or country under the law of which it is incorporated)
3. 86-0290675
(FEI number, if applicable)
4. July 5, 1973
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Business has not yet been transacted; awaiting licensure
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 7202 East Rosewood Street, Suite 200
Tucson, AZ 85710
(Current mailing address)
8. Third Party Administration
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida, 33324

(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.

CT CORPORATION SYSTEM

Vickie M. Prince
Vickie M. Prince

(Registered agent's signature)

Assistant Secretary

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.

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

Chairman: Carlos G. Touche'

Address: 6205 E. Miramar

Tucson, AZ

Vice Chairman: Charles A. Touche'

Address: 5521 E. Exeter Blvd.

Phoenix, AZ

Director: Steven D. Touche'

Address: 6256 Paseo Tierra Alta

Tucson, AZ

Director: Joseph C. Dhuey

Address: 5635 E. Paseo Cimarron

Tucson, AZ

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

President: Steven D. Touche'

Address: 6256 Paseo Tierra Alta

Tucson, AZ

Vice President: Joseph C. Dhuey

Address: 5635 E. Paseo Cimarron

Tucson, AZ

Secretary/Treas: Laura S. Eberly

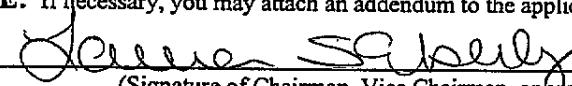
Address: 6478 E. Santa Avrelia

Tucson, AZ

Treasurer: _____

Address: _____

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. LAURA S. EBERLY, SECRETARY/TREASURER
(Typed or printed name and capacity of person signing application)

Board of Directors for Mountain States Insurance Services, Inc.

A. DIRECTORS

Director: John L. Shearman
Address: 5621 E. Sutler Lane
Tucson, AZ

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****MOUNTAIN STATES INSURANCE SERVICES, INC.*****

a domestic corporation organized under the laws of the state of Arizona, did incorporate on July 5, 1973.

I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.

*IN WITNESS WHEREOF, I have hereunto
set my hand and affixed the official seal
of the Arizona Corporation Commission.
Done at Phoenix, the Capitol, this
11th day of June, 1999, A. D.*



Brian C. McNeil
Executive Secretary

BY: *Paulina Mallory*