F99000006426

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: COMPUSYS INSURANCE SERVI	CES. INC
(Name of corporation	- must include suffix)
Dear Sir or Madam;	. ,
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to reg to transact business in Florida.	uthorization to Transact Business in Florida", rister the above referenced foreign corporation
Please return all correspondence concerning this matter to	the following: 500003065875
ANDRES C. ALVAREZ	*****87.50 *****87.50
(Name of Po	erson)
COMPUSYS INSURANCE SI	ERVICES, INC.
(Firm/Comp	
3857 BIRCH STREET, PI	844-
(Address	
NEWPORT BEACH, CA 926	, 560 B
(City/State/	
(Oily/Builly)	
Should you need to call someone concerning this matter, p	PM PE
ANDRES C. ALVAREZ at (949)	
(Name of Person) (Area Coo	553-8849 #: SSTATE OF STATE OF
STREET ADDRESS:	AILING ADDRESS:
400 F. Gainer St.	ualification/Tax Lien Section ivision of Corporations
Tallaharras El 20200	O. Box 6327 Illahassee, FL 32314
Enclosed is a check for the following amount:	
	8.75 Filing Fee & S87.50 Filing Fee, extified Copy 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.

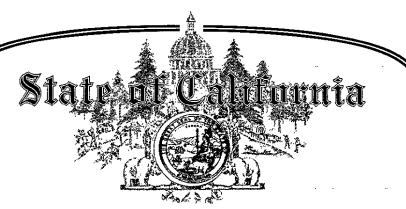
2. CALIFOR	NIA	3			
(State or country	NIA y under the law of which it is incorporated)		(FEI number, if applicable)		
4. <u>9/20/19</u>	88 5		"PERPETUAL" Year corp. will cease to existor "perpetual")		. . .
(Da	te of incorporation) (I	Duration:	Year corp. will cease to exist or "perpetual")		
6. UP C	ON APPROVAL				
(Date firs	t transacted business in Florida.) (SEE SECT	IONS 60	97.1501, 607.1502 and 817.155, F.S.)		<u>-</u>
73	8857 BIRCH STREET, PMB #	404			
1	IEWPORT BEACH, CA 92660				
	(Current mailing ad	dress)			
				99	NS Si
8]	INSURANCE SALES: LIFE AN	ID HE	ALTH	B C	SEC
(Purpose	(s) of corporation authorized in home state or	country	to be carried out in state of Florida)	C	드를
9. Name and st	reet address of Florida registered agen	t: (P.O	. Box or Mail Drop Box NOT acceptable)	-9 P	C A C
Name:	INSURANCE COMMISSIONER			PM 4: 02	95 55
Office Address	200 Bacm Cather emperm			Ö	台灣
Office Address:	200 EAST GAINES STREET			~	35
	TALLAHASSEE		, Florida, <u>32399–03</u> 19 (Zip code)	-	-
			(Zip code)		
10. Registered	agent's acceptance:	•			•
this application, I with the provision	hereby accept the appointment as registered	l agent a	ss for the above stated corporation at the place and agree to act in this capacity. I further agre performance of my duties, and I am familiar wi	e to co	mply

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

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

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)					
Chairman: ANDRES C. ALVAREZ					
Address: 3620 BIRCH STREET, SUITE 210, NEWPORT BEACH, CA 92660					
Vice Chair	man: ANDRES C. ALVAREZ				
Address: _	3620 BIRCH STREET, SUITE 210, NEWPORT BEACH, CA 92660				
Director: _	E PE				
Address: _	• #				
Director: _					
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)				
President:	ANDRES C. ALVAREZ				
Address: _	3620 BIRCH STREET, SUITE 210, NEWPORT BEACH, CA 92660				
Vice Presid	ent: ANDRES C. ALVAREZ				
Address: _	3620 BIRCH STREET, SUITE 210, NEWPORT BEACH, CA 92660				
Secretary:	ANDRES C. ALVAREZ				
Address: _	3620 BIRCH STREET, SUITE 210, NEWPORT BEACH, CA 92660				
Treasurer:	MARISELA ALVAREZ				
Address: _	3620 BIRCH STREET, SUITE 210, NEWPORT BEACH, CA 92660				
NOTE: 10 13.	f necessary, you may attach an addendum to the application listing additional officers and/or directors.				
14. AND	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)				



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, S	ecretary of State of the State of 20th	California, hereby certify: September	00	
That on the _		September		
COMPUSYS INSURANCE SERVICES INC.				

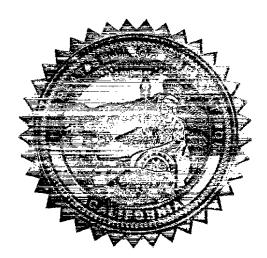
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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 October 5, 1999

Jelljones

Secretary of State