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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: COMPUSYS 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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-12/09/99--01088--001
*****87.50 *****87.50

ANDRES C. ALVAREZ

(Name of Person)

COMPUSYS INSURANCE SERVICES, INC.

(Firm/Company)

3857 BIRCH STREET, PMB # 404

(Address)

NEWPORT BEACH, CA 92660

(City/State/Zip)

MJH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC -9 PM 4:02

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

ANDRES C. ALVAREZ

(Name of Person)

at (949) 553-8849

(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

**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. **COMPUSYS 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**

(State or country under the law of which it is incorporated)

3. **95-4199620**

(FEI number, if applicable)

4. **9/20/1988**

(Date of incorporation)

5. **"PERPETUAL"**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON APPROVAL**

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **3857 BIRCH STREET, PMB # 404**

NEWPORT BEACH, CA 92660

(Current mailing address)

8. **INSURANCE SALES: LIFE AND HEALTH**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **INSURANCE COMMISSIONER**

Office Address: **200 EAST GAINES STREET**

TALLAHASSEE, Florida, **32399-0319**
(Zip code)

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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)

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.

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: ANDRES C. ALVAREZ

Address: 3620 BIRCH STREET, SUITE 210, NEWPORT BEACH, CA 92660

Vice Chairman: ANDRES C. ALVAREZ

Address: 3620 BIRCH STREET, SUITE 210, NEWPORT BEACH, CA 92660

Director: _____

Address: _____

Director: _____

Address: _____

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

President: ANDRES C. ALVAREZ

Address: 3620 BIRCH STREET, SUITE 210, NEWPORT BEACH, CA 92660

Vice President: 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: 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. ANDRES C. ALVAREZ

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

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 20th day of September, 1988,

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



Bill Jones

Secretary of State