

MO6000003878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

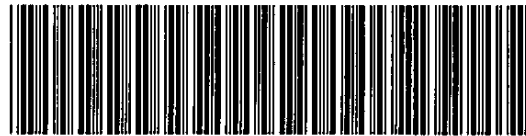
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

7/7/2006

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: **Wescom Insurance Services, LLC**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$155.00.

This corporation is anxious to obtain an insurance license in your state. Therefore please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,
Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby
Initial Licg. Spec.
Email: hoverby@kennedylicensing.com

cc: Wescom Insurance Services, LLC
VICTRIX (FL), Reg. Agt.

Enc: \$155.00 fee, App. in dup.,, Cert. G.S.,, Officers Lis

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wescom Insurance Services, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Hailey Overby
(Name of Person)

Kennedy Licensing Service, Inc.
(Firm/Company)

2501 Thomas Ave.
(Address)

Dallas, TX 75201
(City/State and Zip Code)

For further information concerning this matter, please call:

Hailey Overby at (214) 855-0737
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wescom Insurance Services, LLC
(Name of Foreign Limited Liability Company)
2. CA 3. 95-4821865
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 10/31/05 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. NO CURRENT OR PRIOR TRANSACTIONS
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 8337 Telegraph Rd. Suite 200
Pico Rivera CA 90660
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

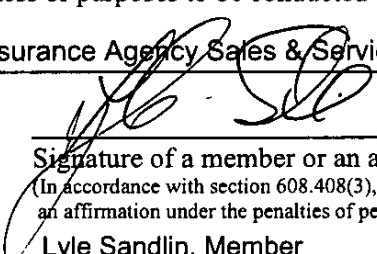
9. The name and usual business addresses of the managing members or managers are as follows:

See Attached

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Nonresident Insurance Agency Sales & Service



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lyle Sandlin, Member

Typed or printed name of signee

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SECRETARY OF STATE
TREASURY, FLORIDA

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Wescom Insurance Services, LLC
OFFICERS AND DIRECTORS

Lyle Sandlin
President
627 Avery Place
Long Beach, CA 90807

Thomas H. Tyrell
Vice President
2591 N. Fountain Arbor Dr.
Orange, CA 92867

Ken Whitaker
Vice President
13043 Espinheira
Cerritos, CA 90703

Christopher I. Torres
Sr. Vice President
26258 Solrid
Mission Viejo, CA 92692

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

JUN 27 2006

CERTIFICATE OF GOOD STANDING
CALIFORNIA LIMITED LIABILITY COMPANY

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby
certify:

That on the **19th day of February, 2003, WESCOM INSURANCE SERVICES, LLC**, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its 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 of this limited liability company.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of June 21, 2006.



BRUCE McPHERSON
Secretary of State

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Wescom Insurance Services, LLC

2. The name and the Florida street address of the registered agent and office are:

John D. Hatch, Esq.

(Name)

1267 Berkshire Lane, Suite 200

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

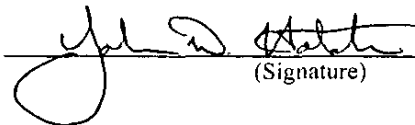
Tarpon Springs

FL

34688

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


(Signature)

| | |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application |
| \$ 25.00 | Designation of Registered Agent |
| \$ 30.00 | Certified Copy (optional) |
| \$ 5.00 | Certificate of Status (optional) |

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TALLAHASSEE, FLORIDA

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