MIBOCOOH96

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

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01/17/18--01041--013 **125.00



D SCOTT

COVER LETTER

TO: New Filing Section Division of Corpor			
SUBJECT: Leavitt C	Central Coast Insu	ırance Services, Ir	nc
		on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," above referenced foreign of	or "Certificate of Good St	tanding" and check are sub	
Please return all correspon	dence concerning this mat	ter to the following:	
	Jamie I	Matheis	
	Name o	of Person	
	Licensing P	rofessionals	
	Firm/Co	ompany	
	PO BC	OX 566	<u></u>
	Ad	dress	7
	Lynden V	VA 98264	
	City/State	and Zip code	7
	= = = = = = = = = = = = = = = = = = =	y@leavitt.com	
	E-mail address: (to be use	d for future annual report i	notification)
For further information con	ncerning this matter, pleas	e call:	
Jamie Mathei	s at (888	, 543-5432	
Name of Person	Are	a Code & Daytime Teleph	one Number
STREET/COURI New Filing Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 3.	n rations enter Circle	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the	following amount:		
✓ \$70.00 Filing Fee □	\$78.75 Filing Fee & Certificate of Status	S78.75 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.

	Leavitt Central Coast I	nsura	ance Services, Inc	
	corporation; must include "INCORPORATED Corp.," "Inc.," "Co," or "Corp."))," "C	OMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate nam	e adop	ted for the purpose of transacting business in Florida)	
2. California 3.		26-	26-3895931	
(State or countr	ry under the law of which it is incorporated)	-	(FEI number, if applicable)	
12/30/2008 5.		Per	petual	
(Date of incorporation)		(Du	ration: Year corp. will cease to exist or "perpetual")	
Upon Approv	<i>r</i> al			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.			
950 E. Blanco	Rd. Ste 103 Salinas CA 93901			
*******	(Principal office ad	dress)	~2	
950 E, Blanco	Rd. Ste 103 Salinas CA 93901		. ??? 	
	(Current mailing ad	dress)		
Name and stree	et address of Florida registered agent: (P	.O. Bo	ox NOT acceptable)	
Name:	Corporation Service Company			
ffice Address:	ce Address: 1201 Hays Street			
	Tallahassee		, Florida 32301	
	(City)		(Zip code)	

9. 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.

Carefully Asit Screeking
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: See attached Address: __ Director: _ Address: Address: __ B. OFFICERS President: See attached Address: Vice President: Secretary: Treasurer: Address: _______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Melissa Langley, Vice President

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

Leavitt Central Coast Insurance Services, Inc. 950 East Blanco Road Suite 103 Salinas CA 93901

Majority Owner Leavitt Group Enterprises 216 S 200 W. Cedar City UT 84720

> President Jake Jensen 216 S 200 W. Cedar City UT 84720

Vice President Ward McKalson 950 E. Blanco Road #103 Salinas CA 93901

Vice President Melissa Langley 950 E. Blanco Road #103 Salinas CA 93901

Secretary Mark Kenney 216 S 200 W. Cedar City UT 84720

Treasurer Matt Dowell 216 S 200 W. Cedar City UT 84720

Directors

Vance Smith 216 S 200 W Cedar City UT 84720

Eric O. Leavitt 216 S 200 W Cedar City UT 84720 Caylor Dalley 216 S 200 W Cedar City UT 84720

Ward McKalson 950 E. Blanco Road #103 Salinas CA 93901

Melissa Langley 950 E. Blanco Road #103 Salinas CA 93901

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LEAVITT CENTRAL COAST INSURANCE SERVICES, INC.

FILE NUMBER:

C3182919

FORMATION DATE:

12/30/2008

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California; hereby certify:

The records of this office indicate the entity is authorized to \nearrow exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 09, 2018.

ALEX PADILLA Secretary of State