

August 8, 2000

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

100003352651--7  
-08/10/00--01082--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Re: Application for Certificate of Authority – ePolicy.com Insurance Services, Inc.

To Whom It May Concern:

ePolicy.com Insurance Services, Inc., a California Corporation, is requesting for authority to transact business in the State of Florida. Please find enclosed an Application for Certificate of Authority to include the following items:

- State of Florida Application for Certificate of Authority
- State of California Secretary of State of Status Domestic Corporation Certificate
- Certified copies of ePolicy.com Insurance Services, Inc.'s Articles of Incorporation
- A \$87.50 check for the filing fee, Certificate of Status & Certified Copy

Thank you for your assistance with the Application for Certification of Authority for ePolicy.com Insurance Services, Inc. Please contact me with any concerns at (888) 883-0053, ext. 3226.

Sincerely,

Alejandra Almeida  
Asst. Compliance Administrator

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00 AUG 10 PM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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8/15

**TRANSMITTAL LETTER**

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: ePolicy.com 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:

Alejandra Almeida  
(Name of Person)  
ePolicy.com Insurance Services, Inc.  
(Firm/Company)  
19191 So. Vermont Ave., Suite 770  
(Address)  
Torrance, CA 90502  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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

Alejandra Almeida at (888 ) 883-0053, ext. 3226  
(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

**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. ePolicy.com 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 3. 33-0864407  
*(State or country under the law of which it is incorporated) (FEI number, if applicable)*

4. 07-06-1999 5. Perpetual  
*(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")*

6. Will transact business upon receipt of Authority  
*(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)*

7. 19191 South Vermont Ave., Suite 770  
Torrance, CA 90502  
*(Current mailing address)*

8. Insurance Sales  
*(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: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
*(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.*

Tara Cofer  
TARA COFER  
Special Assistant Secretary  
*(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: Donald E. Martin

Address: 59 Crest Rd., East, Rolling Hills, CA 90274

Vice Chairman: n/a

Address: \_\_\_\_\_

Director: Donald E. Martin

Address: 59 Crest Rd., East, Rolling Hills, CA 90274

Director: Louis Kwiker

Address: 1200 9th St., Manhattan Beach, CA 90266

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

President: Louis Kwiker

Address: 1200 9th Street, Rolling Hills, CA 90266

~~Vice President~~ CEO: Donald E. Martin

Address: 59 Crest Rd., East, Rolling Hills, CA 90274

Secretary: Ken Button

Address: 855 Third Street, Santa Monica, CA 90403

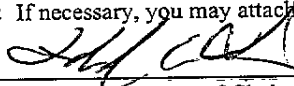
#107

Treasurer: Louis Kwiker

Address: 1200 9th Street, Rolling Hills, CA 90266

Asst. Secretary: Beverly Canipe 3476 Garnet St., #141, Torrance, CA 90503

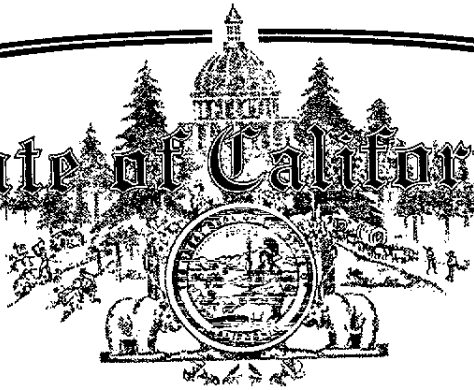
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Donald E. Martin, CEO/Chairman  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# 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 6th day of July, 19 99,

EPOLICY.COM 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 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.

RECORDED  
INDEXED  
JUN 16 10 28 AM '00  
STATE  
OFFICE  
SAN FRANCISCO

FILED

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

June 16, 2000



Secretary of State