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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

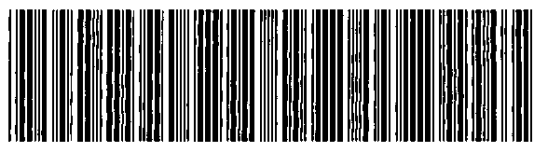
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status: \_\_\_\_\_

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06/29/09--01036--015 \*\*78.75

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Falcon West Insurance Brokers, 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:

Hailey Overby  
(Name of Person)

Kennedy Licensing Service Inc.  
(Firm/Company)

4144 N. Central Expressway Suite 800  
(Address)

Dallas, TX 75204  
(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)

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing 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

**KENNEDY LICENSING SERVICE, INC.**

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

6/19/2009

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

Re: **Falcon West Insurance Brokers, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

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](mailto:hoverby@kennedylicensing.com)

cc: Falcon West Insurance Brokers, Inc.  
VICTRIX (FL), Reg. Agt.

Enc: \$78.75 FEE, App. in dup., Cert. G.S., Ofcr & dir list

**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. Falcon West Insurance Brokers, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 95-3522730  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/26/1980 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2525 Camino Del Rio So. Suite 100 San Diego, CA 92108  
(Principal office address)

same  
(Current mailing address)

8. Nonresident Insurance Agency Sales & Services  
(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 NOT acceptable)

Name: John D. Hatch, Esquire

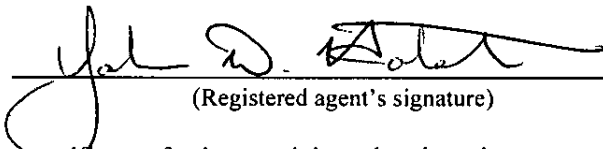
Office Address: 1267 Berkshire Lane Suite 200

Tarpon Springs, Florida 34688  
(City) (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.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: see attached

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: see attached

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

Vice President: \_\_\_\_\_

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

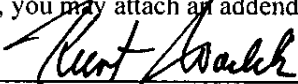
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13.  5-May-2009  
(Signature of Director or Officer listed in number 12 of the application)

14. Kurt Woelck, President  
(Typed or printed name and capacity of person signing application)

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Falcon West Insurance Brokers, Inc.**

**Stockholder, Officer & Director**

Kurt F. Woelck  
100% Stockholder  
President, Secretary, Treasurer & Director  
7282 Melotte St.  
San Diego, CA 92119

State of California  
Secretary of State

JUN 18 2009

CERTIFICATE OF STATUS

ENTITY NAME:

FALCON WEST INSURANCE BROKERS, INC.

FILE NUMBER: C0992136  
FORMATION DATE: 07/08/1980  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to 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 June 15, 2009.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State