Filing and License Fee: \$310.00 minimum

ID	Number:	



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## **BUSINESS CORPORATION**

## **APPLICATION FOR CERTIFICATE OF AUTHORITY**

ÇO	rporat	ant to the provisions of Section at the provision hereby applies for a Cerlowing statement:						
1.	The	e name of the corporation is	Guaranty Californ	ia Insurance S	Services, Inc.		4000	
2.	lt is i	incorporated under the laws	of California		· · · · · · · · · · · · · · · · · · ·	<del></del>		
3.	. The name, if different, which it elects to use in Rhode Island is:							
	(a)	) If the name of the corpo "incorporated," or "limited," above corporate endings fo	or an abbreviation	n thereof, the				
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the c qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be application:								
4.	The	e date of its incorporation is	08/27/2001		_ and the period of its	duration is Perpetual		
5.	The a	e address of its principal office	in the state or cour	ntry under the	laws of which it is inco	orporated is		
	8500	) Stockdale Highway, Suite 20	00 Bakersfield, 0	CA 93311				
_					22 Yaffanaan Dawlassa	-d Si 200		
6.	The	e address of its proposed regis	stered office in Rho	de Island is _	222 Jefferson Bouleva.	(Street Address, not P.O	Box)	
	War	arwick	, Ri	02888		· —	gent in Rhode Island at	
		(City/Town)		(Zip Code)				
	that	t address is Corporation So	ervice Company					
					e of Agent)			
7.	The	e purpose or purposes which i	t proposes to pursu	e in the trans	action of business in R	hode Island are:		
	Reta	tail Insurance Agency Sales a	nd Service					
						<del>-</del>		
8.	(a) T	The names and respective ac	Idresses of its direc	ctors (optional	unless directors are re	equired under the laws	of the state or country	
		of which it is incorporated).				•	,	
			<u>Name</u>			<u>Address</u>		
	D	Director Jim L Turn	er	2301	W. Plano Parkway, S	Suite 108 Plano, TX	75075	
	D	Director						
	D	Director	3 9 99 99			1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	D	Director	<u> AUG 06 2</u> (	010				
		lo. 150 d. 12/05 <b>↑</b> ¥	AUG 06 21 124040	0:19	ATTO STATES	Gu S		

	state or country of which it is incorporated).  Name		<u>Name</u>		<u>Address</u>	<u> </u>
	President	Floyd Mich	ael Haselden	2301 W. Plano Parkway, S	·	Plano, TX 75075
	Vice Preside	<del>-</del>		8500 Stockdale Highway,		Bakersfield, CA 93311
	Treasurer	Amy Herbo	ek	3721 Executive Center Dr,		Austin, TX 78731
	Secretary	Elizabeth D	onnelly	2301 W. Plano Parkway, S		Plano, TX 75075
9.	and series, if a	number of shares ny, within a class, er of Shares		o issue, itemized by classes, p <u>Series</u>	Par	hares, shares without par value, Value or Statement that res are without Par Value
10.	(a) An estima \$ 1,243,4		of all property to be o	wned by the corporation for	the following	ng year, wherever located, is
	\$ 0.00			operty to be located within F		I during the following year is roperty of the corporation to be
	located wi	thin this state duri	ng the following year bea		of the corpo	ration to be owned during the
11.	(a) An estim \$ 37,285.		amount of business to	be transacted by the cor	poration du	ring the following year is
		ate of the gross ing the following y		be transacted by the corporati	on at or from	places of business in Rhode
	corporatio	n at or from place cted by the corpor		e during the following year be	ars to the gr	siness to be transacted by the oss amount thereof which will ) and multiply by 100 to obtain
12.	This applicatio of which it is in		by a certificate of Good	Standing issued by the proper	officer of the	e state or country under the laws
13.	This Applicatio than the 90 <sup>th</sup> d	n for Certificate of ay after the date o	Authority shall be effect fitting	tive upon filing unless a specif	ied date is p	rovided which shall be no later
Dat	e: <b>8/</b>	2/2010		examined this Application any accompanying attraction are true	on for Certi tachments, and correct	
		2/2010	<del></del>	Signature of Aut	horized Off	icer of the Corporation
				Floyd Michael Haselden, P	resident/CE	0
	San a			Type or Print	Name of A	authorized Officer

# State of California Secretary of State

CERTIFICATE OF STATUS

### ENTITY NAME:

GUARANTY CALIFORNIA INSURANCE SERVICES, INC.

FILE NUMBER: C2356130 FORMATION DATE: 08/27/2001

TYPE: DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS: ACTIVE (GOOD STANDING)

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 July 23, 2010.

DEBBA BOWEN

DEBRA BOWEN
Secretary of State

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