

05



**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received  
**JUN 08 2021**

**(FOR BUREAU USE ONLY)**

AC1

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

TranInfo: 24718252-1 06/07/21  
Chk#: 6942 Amt: \$60.00  
ID: PAUMA/VALLEY INSURANCE AGENCY INC

|  |       |          |
|--|-------|----------|
| Name<br>Alliance-Compliance, Inc- Alissa Glenn |       |          |
| Address<br>PO Box 849                          |       |          |
| City<br>Lynden, WA 98264                       | State | ZIP Code |

**FILED**

**JUN 17 2021**

EFFECTIVE DATE: **ADMINISTRATOR  
CORPORATIONS DIVISION**

Document will be returned to the name and address you enter above.  
If left blank, document will be returned to the registered office.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN MICHIGAN**

**For use by Foreign Corporations**

(Please read information and instructions on the last page)

*Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned execute the following Application:*

1. The name of the corporation is:  
  
Pauma/Valley Insurance Agency, Inc.

2. (Complete this item only if the corporate name in item 1 is not available for use in Michigan.)  
The assumed name of the corporation to be used in all its dealings with the Bureau and in the transaction of its business or conducting of its affairs in Michigan is:

3. It is incorporated under the laws of California  
  
The date of its incorporation is 01/01/1984, and the term of existence if other than perpetual is \_\_\_\_\_.

4. a. The address of the main business or headquarters office of the corporation is:  
27357 Valley Center Road, Valley Center, CA 92082  
(Street Address) (City) (State) (ZIP Code)

b. The mailing address if different than above:  
PO Box 1530, Valley Center, CA 92082-1530  
(Street Address) (City) (State) (ZIP Code)

NC

5. The street address of its registered office in Michigan is:

40600 Ann Arbor Road E Suite 200, Plymouth, Michigan 48170  
(Street Address) (City) (ZIP Code)

The mailing address of the registered office in Michigan, if different than above:

(Street Address or P.O. Box) (City) Michigan (ZIP Code)

The name of the resident agent at the registered office is: Paracorp Incorporated

The resident agent is an agent of the corporation upon whom process against the corporation may be served.

6. The specific business or affairs which the corporation is to transact or conduct in Michigan is as follows:

Insurance Agency

The corporation is authorized to transact such business or conduct those affairs in the jurisdiction of its incorporation.

7. (To be completed by profit corporations only)

The total authorized shares of the corporation are: 10,000

8. If the applicant is a trust, please specify any powers or privileges possessed by the trust that are not possessed by an individual or a partnership.

N/A NOT a trust

Signed this 1st day of June, 2021

By Byron L Strausbaugh  
(Signature of Authorized Officer or Agent)

Byron L Strausbaugh  
(Type or Print Name)



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** PAUMAVALLEY INSURANCE AGENCY, INC.  
**File Number:** C1235463  
**Registration Date:** 01/01/1984  
**Entity Type:** DOMESTIC STOCK CORPORATION  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of June 1, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

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



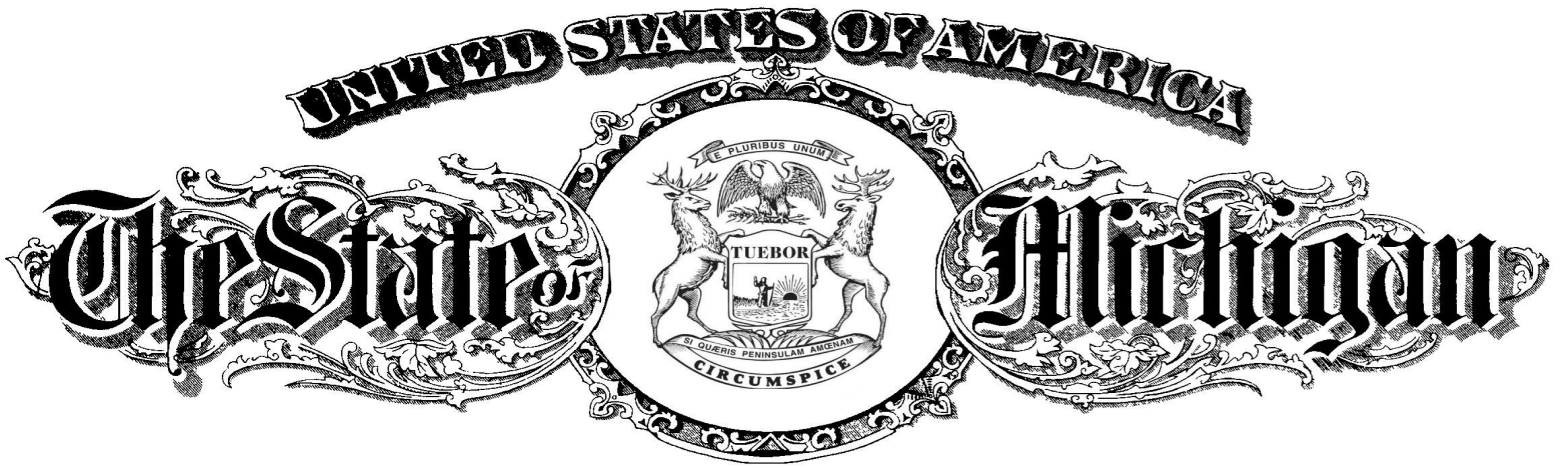
**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of June 2, 2021.

A handwritten signature in black ink, appearing to read "S. N. Weber".

**SHIRLEY N. WEBER, Ph.D.**  
Secretary of State

**Certificate Verification Number:** ZQ4DXDY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).



Lansing, Michigan

*This is to Certify That*

**PAUMAVALLEY INSURANCE AGENCY, INC.**

*a FOREIGN PROFIT CORPORATION existing under the laws of the state of California*

*was validly authorized to transact business in Michigan on the 17 day of June , 2021 in conformity with 1972 PA 284.*

*Said corporation is authorized to transact in this state any business of the character set forth in its application which a domestic corporation formed under this act may lawfully conduct. The authority shall continue as long as said corporation retains its authority to transact such business in the jurisdiction of its incorporation and its authority to transact business in this state has not been surrendered, suspended or revoked.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of June , 2021.*



Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau