



Application for Authority to Transact Business - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200
 Check the appropriate box below:

FOREIGN BUSINESS CORPORATION
 (Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11)

FOREIGN PROFESSIONAL CORPORATION
 (Complete all items)

FILED: JUN 25, 2024
 OREGON SECRETARY OF STATE



REGISTRY NUMBER: 228105490
 For office use only

228105490-26396672
 GABRIELA RUVALCABA INSURANCE...

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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
 We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF CORPORATION: Gabriela Ruvalcaba Insurance and Financial Services, Inc

NOTE: Must be identical to the name of record in home jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION

OR: CERTIFICATE OF EXISTENCE (ATTACHED)

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) DATE OF INCORPORATION:

03/27/2024

DURATION, IF NOT PERPETUAL:

8) ADDRESS FOR MAILING NOTICES:

17770 Monterey Rd, Suite D

Morgan Hill, CA 95037

4) STATE OR COUNTRY OF ORGANIZATION:

California

5) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:

(Address, city, state, zip)

17770 Monterey Rd, Suite D

Morgan Hill, CA 95037

6) NAME OF OREGON REGISTERED AGENT:

Registered Agents Inc.

PROFESSIONAL CORPORATION ONLY

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address which is identical to the registered agent's business office.)

2355 STATE ST STE 101

SALEM, OR 97301

10) PROFESSIONAL/BUSINESS SERVICES: (List professional service(s) and other business services, if applicable, to be rendered.)

11) EXECUTION: (Must be signed by at least one officer or director.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Gabriela Ruvalcaba

Title:

President

CONTACT NAME: (To resolve questions with this filing.)

Amanda J Beren

PHONE NUMBER: (Please include area code.)

888-449-2638

FEES

Required Processing Fee: \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at [FilingInOregon.com](http://www.FilingInOregon.com), using the Business Name Search program.