





STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20241963516 Date Filed: 11/5/2024

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|--|----------------------------------|--|--|
| Entity Details Corporation Name | World of Insurance Services, Inc | | |
| • | | | |
| Entity No. | 6441082 | | |
| Formed In | CALIFORNIA | | |
| Street Address of Principal Office of Corporation | | | |
| Principal Address | 505 S LAKE ST | | |
| | APT C | | |
| | BURBANK, CA 91502 | | |
| Mailing Address of Corporation | | | |
| Mailing Address | 505 S LAKE ST | | |
| | APT C | | |
| | BURBANK, CA 91502 | | |
| Attention | | | |
| Street Address of California Office of Corporation | | | |
| Street Address of California Office | 505 S LAKE ST | | |
| | APT C | | |
| | BURBANK, CA 91502 | | |

Officers

| Officer Name | Officer Address | Position(s) |
|-------------------|---|---|
| + Armen Samvelyan | 505 S LAKE ST APT C BURBANK, CA 91502 | Chief Executive Officer, Chief Financial Officer, Secretary |

Additional Officers

| Officer Name | Officer Address | Position | Stated Position | |
|--------------|-----------------|----------|-----------------|--|
| None Entered | | | | |

Directors

| Director Name | Director Address |
|-------------------|---|
| + Armen Samvelyan | 505 S LAKE ST APT C BURBANK, CA 91502 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name Armen Samvelyan Agent Address 505 S LAKE ST APT C

BURBANK, CA 91502

Type of Business

Type of Business Insurance Agency

Email Notifications

Opt-in Email Notifications No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.

| Labor Judgment No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code. | | | | |
|--|-----------------|--|--|--|
| Electronic Signature By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | |
| Armen Samvelyan Signature | 11/05/2024 Date | | | |