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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

FOREIGN PROFIT QUALIFICATION

Asurion Florida Warranty Service, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
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APPROVED
AND
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03 DEC 15 PM 1:39 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32303
DIVISION OF CORPORATION

JB
12-15-03

**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. Asurion Florida Warranty Service, 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. Delaware 3. Applied For
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/4/03 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5040 Linbar Drive, Nashville, TN 37211
(Principal office address)

Same
(Current mailing address)

8. The Company will sell retail service contracts that cover consumer electronic products.
(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 or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

CT Corporation System

By: Lauren H. Kreatz LAUREN H. KREATZ
(Registered agent's signature) SPECIAL ASSISTANT SECRETARY

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.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Kevin Tawce

Address: 5040 Linbar Drive, Nashville, TN 37211

Vice Chairman: _____

Address: _____

Director: Bret Comolli

Address: 5040 Linbar Drive, Nashville, TN 37211

Director: _____

Address: _____

B. OFFICERS

President: Bret Comolli

Address: 5040 Linbar Drive, Nashville, TN 37211

Vice President: Byron Smith

Address: 5040 Linbar Drive, Nashville, TN 37211

Secretary: Ashley Giesler

Assistant Secretary: Bret Comolli

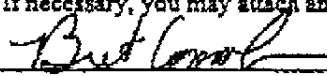
Address: 5040 Linbar Drive, Nashville, TN 37211

Address: 5040 Linbar Drive, Nashville, TN 37211

Treasurer: Gerald Risk

Address: 5040 Linbar Drive, Nashville, TN 37211

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Bret Comolli, President and Chief Executive Officer
(Typed or printed name and capacity of person signing application)

SECRETARY OF THE
TALLAHASSEE FLORIDA

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABURION FLORIDA WARRANTY SERVICE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

3735277 9300

030802588



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2809819

DATE: 12-12-03