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From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

ASURION SERVICE PLANS OF FLORIDA, INC.

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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 SERVICE PLANS OF FLORIDA, 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. 26-1911630
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JAN 30, 2008 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3110 CROSSING PARK RD, NORCROSS, GA 30071
(Principal office address)

SAME AS ABOVE
(Current mailing address)

8. PROVIDER OF SERVICE PLANS
(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 NOT acceptable)

Name: NRHI SERVICES, INC.

Office Address: 2731 EXECUTIVE PARK DRIVE, STE. A

WESTON, FL 33331, Florida _____
(City) (Zip code)

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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.

Sabrina Tullay
(Registered agent's signature)
SABRINA TULLAY, ASST. SEC.

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.

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

A. DIRECTORS

Chairman: CHARLES A. LAVE
Address: 8880 WARD PKWY, KANSAS CITY, MO 64114-2762

Vice Chairman: KEVIN M. TAWERZ
Address: 160 BOVET RD, SUITE 402, SAN MATEO, CA 94402-3114

Director: BRET E. COMOLLI
Address: 648 GRASSMERE PARK DR, SUITE 300, NASHVILLE, TN 37211-3658

Director: DOUG TUDOR
Address: 3110 CROSSING PARK RD, NORCROSS, GA 30071

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B. OFFICERS

President: DOUG TUDOR
Address: 3110 CROSSING PARK RD, NORCROSS, GA 30071

Vice President: WILLARD J. REAGAN
Address: 648 GRASSMERE PARK DR, SUITE 300, NASHVILLE, TN 37211-3658

Secretary: JOHN W. RAKOW, III
Address: 648 GRASSMERE PARK DR, SUITE 300, NASHVILLE, TN 37211-3658

Treasurer: WILLARD J. REAGAN
Address: 648 GRASSMERE PARK DR, SUITE 300, NASHVILLE, TN 37211-3658

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. DOUG TUDOR
(Typed or printed name and capacity of person signing application)

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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 "ASURION SERVICE PLANS OF FLORIDA, 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 THIRD DAY OF MARCH, A. D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASURION SERVICE PLANS OF FLORIDA, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JANUARY, A. D. 2008.

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

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You may verify this certificate online
at corp.delaware.gov/eauthver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6420495

DATE: 03-03-08

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