

Document Number Only

100000002718

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

000003515890--6
-12/28/00--01060--0+1
****125.00 ****125.00

CORPORATION(S) NAME

Aetna Investment Services, LLC

Profit

NonProfit

Limited Liability Company

Foreign

Amendment

Merger

Dissolution/Withdrawal

Mark

Limited Partnership

Annual Report

Other

Reinstatement

Reservation

Change of R.A.

Limited Liability Partnership

Fictitious Name

Certified Copy

Photo Copies

CUS

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Verifier
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W.P. Verifier

12/28

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CONNIE BRYAN

RECEIVED
00 DEC 28 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 DEC 28 PM 4:02

APPROVED
AND
FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aetna Investment Services, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A
(FEI number, if applicable)
4. 11/28/2000
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 151 Farmington Avenue, TS31, Hartford, CT 06156
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here
9. The usual business addresses of the managing members or managers are as follows:
SEE ATTACHMENT

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Distribute securities products,
manufactured by both Aetna Life Insurance and Annuity Company and third parties, through a network of sales agents

Maureen M. Gillis
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Maureen M. Gillis *M*
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

ATTACHMENT

9. The usual business addresses of the managing members or managers are as follows:

<u>Name</u>	<u>Business Address</u>
<u>Allan Baker, Manager</u> <u>CT 06156</u>	<u>151 Farmington Avenue, TS31, Hartford,</u>
<u>Robert L. Francis, Manager</u> <u>CT 06156</u>	<u>151 Farmington Avenue, TS31, Hartford,</u>
<u>Maureen M. Gillis, Manager</u> <u>CT 06156</u>	<u>151 Farmington Avenue, TS31, Hartford,</u>

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Aetna Investment Services, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

C T Corporation System

By: Nicole Lobe
(Signature)
Nicole Lobe
Spec. asst. Secy.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AETNA INVESTMENT SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Edward J. Freel
Edward J. Freel, Secretary of State

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AND
FILED
00 DEC 28 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3320347 8300

001642836

AUTHENTICATION: 0871312

DATE: 12-21-00