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#### **CT** CORPORATION

December 17, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5743145 SO

Customer Reference 1: 012936.0001

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Heath Insurance Brokers of Georgia LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley Mitchell@cch-lis.com

PILES

02 DEC 17 PN 1: 19

SEG LINES PUR SONS

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

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

1. Heath Insurance Brokers of Georgia	LLC	<u> </u>
	(Name of Foreign limited liability company)	
2. Delaware	ited liability .3. Applied For (FEI number, if applicable)	<u>~~</u>
(Jurisdiction under the law of which foreign lim company is organized)	ited liability (FEI number, if applicable)	
4. November 25, 2002 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cea	use to
, -	exist or "perpetual")	
6. <i>Uthen Filing</i> (Date first transacted bu		
(Date first transacted bu	usiness in Florida. (See section 608.501, 608.502, and 817.155, F.S.)	
7. 4445 North A1A. Suite 240	- <u> </u>	" بحر "
	77 to 1	20
Vero Beach, Florida 32963	(Street address of principal office)	
	10 Page 10 Pag	لد — لد د
8. If limited liability company is manager	r-managed company, check here	-1 -
9. The usual business addresses of the ma	anaging members or managers are as follows:	Z in
4445 Namb A1A Suite 240 Mana Da	Theilde 22062	<del></del>
4445 North A1A. Suite 240, Vero Be	acii. Fiorica 52905	<u> </u>
2859 Paces Ferry Road, NW, Suite 13	500, Atlanta, Georgia 30339	
3100 Monticello Avenue, Suite 830, ]	Dallas, Texas 75205	
	THAIR! S.Y. CO. C.	
		<u> </u>
	existence, no more than 90 days old, duly authenticated by the official having	
	of which is organized. (A photocopy is not acceptable. If the certificate is in nder oath of the translator must be submitted.)	a foreign
mr.Poope, a minimum of me assured in	220 000 02 000 000 000 000 000 000 000	
11 Nature of husiness or nurmoses to be	conducted or promoted in Florida: <u>Insurance brokerage services and any o</u>	ther lawful
11. Handle of ourmoss of purposes to oc-	conducted of promoted in a torida	DID MITTER
activities for which limited liability cor	mpanies may be formed under the Laws of the State of Florida	
_Gath	ia Llendon	<b></b> .
	member or an authorized representative of a member.	
	ection 608.408(3), F.S., the execution of this document constitutes an der the penalties of perjury that the facts stated herein are true.)	
	Cynthia L. Herndon	
	Typed or printed name of signer	

#### 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 ET ODTO A

PLORIDA.		
1. The name of the Limited Liability Company is:		
Heath Insurance Brokers of Georgia LLC		
2. The name and the Florida street address of the registered agent and office are:		
C T Corporation System		
(Name)		
	35 gr	<u></u>
c/o C T Corporation System, 1200 South Pine Island Road	1 11	ID 20
Florida street address (P.O. Box NOT ACCEPTABLE)	44., 4m.	

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

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

30.00 Certified Copy (optional) \$

5.00 Certificate of Status (optional)

PAGE 1

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEATH INSURANCE BROKERS OF GEORGIA 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 THIRTEENTH DAY OF DECEMBER, A.D. 2002.

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



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2146796

DATE: 12-13-02

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