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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

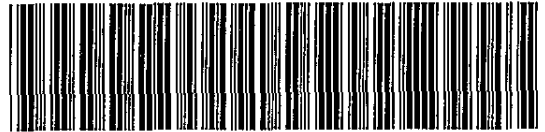
(Business Entity Name)

(Document Number)

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Affiliated Financial Partners, LLC

One Post Road
P.O. Box 320745
Fairfield, CT 06824

203-255-3900 phone
203-255-4012 fax
Mmillman@afp-llc.com

March 23, 2004

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

SUBJECT: AFFILIATED FINANCIAL PARTNERS, LLC

Enclosed please find official verification of the existence of Affiliated Financial Partners, LLC (A.F.P., LLC), a check in the amount of \$125.00, application for recognition as a business in Florida and designation of a representative for service in Florida.

Sincerely,

Michael L. Millman
Chairman

Enclosure (3)

MLM: mm

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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. Affiliated Financial Partners, LLC.
(Name of foreign limited liability company)

2. State of Connecticut 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/21/2003 5. Perpetual
(Date of Organization) (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. one Post Road
2nd Floor, Fairfield, CT 06824
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

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

- Cruz Cardinale 113 East River Road, NJ 07760
- Tom Luongo 303 West Caracas Ave, Hershey PA 17033
- Robert Shea 98 N. Washington Street #107 Boston, MA 02114
- Jake Healey 33 Rust Street, Hamilton MA 01982
- Donald Healey 1000 North Front Street Suite 240 Wormleysburg P

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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: Distribution of Life Insurance Products

Michael L. Millman
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.)
Michael L. Millman
Typed or printed name of signee

**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:

AFFILIATED FINANCIAL PARTNERS, LLC

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

MIAMI CENTER REGISTERED AGENTS, LLC

(Name)

201 S. BISCAYNE BLVD., SUITE 1700

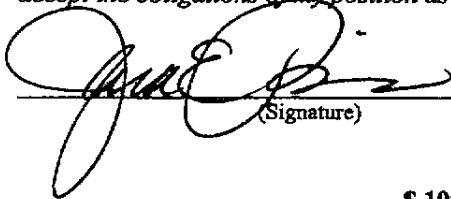
Florida street address (P.O. Box **NOT** ACCEPTABLE)

MIAMI

FL 33131

(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.



(Signature)

\$ 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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Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

AFFILIATED FINANCIAL PARTNERS, LLC

is in existence.



Secretary of the State

Date Issued: March 26, 2004

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