M04000083436

•								
<u> </u>	(Requestor's Name)							
	(Address)							
	(Address)							
	(City/State/Zip/Phone #)							
	(City/Sit	iterzipre none	**)					
PICK-L	JP [WAIT	MAIL					
	(Busine:	ss Entity Nam	e)					
	(Docum	ent Number)						
Certified Copies		Certificates	of Status					
Special Instruction	ns to Filling	3 Officer:						
Name Arpilability								
Decument Examinar	PÇC							
Uprinter	ددن0	fice Use Only	,					
Calledons	0.0							
. no exponent	บบบ							
y. P. Vennyer	ULU	*Your Walnut						



200040154082

TOWN AUG 23 P 2: 09





N SERVICE COMP	WHA.		
	ACCOUNT NO.	: 072100000032	
	REFERENCE	: 858176 430 <u>6</u> 884	
	AUTHORIZATION	: latricia lyuto	
	COST LIMIT	: \$ 125.00	· 5.]
ORDER DATE	: August 23, 2004		
ORDER TIME	: 12:24 PM		
ORDER NO.	: 858176-005	TALL	77.00
CUSTOMER NO	4306884	ART ART	a I
CUSTOMER:	Kate Albrecht, Lega Michael, Best & Fri Suite 3300 100 East Wisconsin Milwaukee, WI 5320	iedrich Llp To	LED 23 P 2:00

FOREIGN FILINGS

ALLIANCE CONSULTING GROUP,

XXXX (QUALIFI(CATIO	ON (TYPE	: <u>L</u>]	<u>[</u>])		
PLEASE	RETURN	THË	FOLLOWING	AS	PROOF	OF	FILING
XX	_ CERTII		COPY MPED COPY				

LLC

CERTIFICATE OF GOOD STANDING

NAME:

CONTACT	PERSON:	Susie	Knight	- -	EXT#	2956		
					EXAM	NER:	 	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1.	Alliance Consulting Group, LLC			
	(Name of Foreign Limited Liab	ility Company)		
2.	Wisconsin	36-4340393		
	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if appli	-	
4.	January 14, 2000 5. (Date of Organization)	Perpetual	SEC	<u> </u>
	(Date of Organization)	(Duration: Year limited liability on exist or "perpecual")	22	5
6.			52 52 52 52 53 54 54	(<u>)</u>
	(Date first transacted business in Florida (See sections 608.501 & 608.502 F.S. to	a, if prior to registration.) determine penalty liability)	Tig Tig	U II
7.	1460 Renaissance Drive			₩ -
	Park Ridge, IL 60068		1277	09
	(Street Address of P	viscipal Office)		
8.	If limited liability company is a manager-managed con	mpany, check here		
9.	The name and usual business addresses of the managin	ng members or managers are a	s follow	/S:
	Frazier Consulting, L.L.C., 1460 Renaissand	e Drive, Park Ridge, IL	60068	
	Midwest Loss Adjustment, LLC, 1460 Renaissa	unce Drive, Park Ridge, J	r 600	68
	Dan Daniel, 1460 Renaissance Drive, Park Ri	dge, IL 60068		
the	Attached is an original certificate of existence, no more than 90 days jurisdiction under the law of which it is organized. (A photocopy is a unslation of the certificate under eath of the translator must be submitted.	not acceptable. If the certificate is in a	having cu foreign la	stody of records in riguage, a
11	. Nature of business or purposes to be conducted or pro-	omoted in Florida:		
	Insurance adjusting			
	Frazier Consulting Group, L.L.C., its Men By: Jule of Kaner Signature of a member or an author (In accordance with section 608.408(3), F.S., the authorities of perjury description under the penaltics of perjury description.	rized representative of a memb	ber.	<u>-</u>
	Bruce J. Frazier, Sole Membe		Group,	L.L.C.
	Timed or printed not	me of siones		

RX TIME 08/23 '04 11:09

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.

A)	liance Consulting Group, LLC			
2,	The name and the Florida street address of the registered agent and office Corporation Service Company	SEGSETAR)	2001 1.116 2	
	(Name)	<u> </u>	<u></u>	
	•	Ţv,	U	177
		Z	_C C,	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	er.	3	
	Tallahassee FL 32301			
	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, Florida Statutes.

By: Janes Mr. Sall
(Signature)

1. The name of the Limited Liability Company is:

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

DOM 180 181 183 United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

ALLIANCE CONSULTING GROUP, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 14, 2000.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 19, 2004.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services Department of Financial Institutions

BY: Like Xail