Florida Department of State

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DIVISION OF CORPORATION

FOREIGN LIMITED LIABILITY COMPANY

Insurance Profilment Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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Gergerate Filings

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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.	Insurance Profilment Solutions LLC		
	(Name of Foreign Limited Liability Company)	-	
2.	Otio 3. 43-208/325		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-	
4.	04/11/2005 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will coase to		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	-	
6.		_	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	05	5
7.	400 Broadway, Cincinnati, OH 45202	AU6	Š
			2
	(Street Address of Principal Office)	22	5
8.	If limited liability company is a manager-managed company, check here	A	DISTRICT COM BRANCH
9.	The name and usual business addresses of the managing members or managers are as follows:	_ ö	5
		1	2
	Lee- L	•	
	The state of the s	•	
70	Attached is an original conflicate of existence, no more than 90 days old, duty authenticated by the official having custody of rec		
	i resulted is an original culture as to assence no maintain 90 cays out along an amenicance by the certificate is in a foreign language, a	ANGE 11	
í:a	relation of the certificate under oath of the translator must be submitted.)		
ij	. Nature of business or purposes to be conducted or promoted in Florida:	-	
	ife Insurance Solicitation / Sales		
	Date Out from	•	
	Signature of a member or an authorized representative of a member.		
	(In secondance with section 102.402(3), F.S., the execution of this document constitutes an affirmation under the primities of perjury that the facts small herein are true.)		
	120 best J. Mai SANTO		
	Typed or printed name of signee		

AUG-22-2005

Ø9:13

CT CORP.

Insurance Profitment Solutions, LLC Hanagers / Officers as of 4-11-2003

HOME AUDRESS

6071 Windy Hollow Court, Loveland, Ohto 45140 6975 O'Barmon Bluff, Loveland, Ohio 45140

400 Broadway Cin OH 45202 400 Broadway Cin OH 45202 400 Broadway Cin OH 45202

WORK ADDRESS

6464 Windfitt Ct., Loveland, Ohio 45140

William J. McDermott

Joseph H. Lynch

Michael J. Altenau

James J. Vence

Robert J. DelSanto

Markingera

124 Clarebuff Cl., Cinchanati, Ohio 45238 124 St. Johns Road, Ft. Mitchell, KY 41011

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KOME ADDRESS

6875 O'Bannon Bluff, Loveland, Ohio 45140

124 Clarebluff Ct., Circlinnett, Ohio 45238 124 St. Johns Road, Ft. Mitchell, KY 41011

WORK ADDRESS

400 Broadway Cin OH 45202 400 Broadway Cin OH 45202 400 Broadway Chr OH 45202

05 AUG 22 AM 8: 14

DIVISION OF U RY OF STATE CORPORATIONS t. The name of the Limited Liability Company is:

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.

	C T Corporation System		8
		(Name)	05 AUG 22
	1200 South Pine Island Road		
	Florida Street Address (F.O. Box NOT ACCEPTABLE)		Ţ.
	Plantation	FL 33324	4
		City/State/Zip	
liability comp agent and agr relating to the	any at the place designated in t ree to act in this capacity. I furt proper and complete performa	to accept service of process for the abo this certificate, I hereby accept the appo ther agree to comply with the provision ance of my duties, and I am familiar wit tt as provided for in Chapter 608, Floric	ointment as regist <mark>er</mark> e is of all statutes th and accept the

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

PAGE 05/05 513 621 0116 P.04/05

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show INSURANCE PROFILLMENT SOLUTIONS, LLC, an Ohio Limited Liability Company, Registration Number 1534804, was organized within the State of Ohlo on April 11, 2005, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of August, A.D. 2005

Ohio Secretary of State

Validation Number: V2005220A4E8C5