

M. J. ...
 Requestor's Name
 50 N. ...
 Address

Gex 32202 904/630-532X
 City/State/Zip Phone #

M98000000736

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- BKW Acquisition Inc.*
 (Corporation Name) (Document #)
- Insurance Data Systems GP* **300002583563--5**
 (Corporation Name) (Document #) **-07/08/98-01088-011**
******640.00 ****337.50**
- GP, LLC*
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

(6)

RECEIVED
 98 JUL -8 PM 3:09

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 DIVISION OF CORPORATIONS
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file 2nd

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other <i>GP</i>

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign <i>Corp + LLC</i>
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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RESOLUTION OF MANAGING MEMBERS OR MANAGERS

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I, the undersigned MELINDA MANTOR
(Name)

do hereby certify that this Resolution of the Managing Members or Managers of

GP LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of the State of

Delaware, was duly adopted on July 8, 1998.

Be it resolved, that GP LLC
(Name of Limited Liability Company)

organized and existing in the state of Delaware, hereby adopts the
name of GP LLC (DE) for use in Florida.

Dated: July 8, 1998

Melinda Mantor, authorized Representative
Signature of a Member or an Authorized Representative of a Member

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

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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. GP LLC doing business in Florida as GP LLC (DE)
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation
"L.C." if not so contained in the name at present.)

2. Delaware
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. (applied for)
(FEI number, if applicable)

4. June 23, 1998
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist
or "perpetual")

6. Anticipated for July 10, 1998
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. c/o Kohlberg Kravis Roberts & Co. *
9 West 57th Street, Suite 4200 New York, NY 10019
(Street address of principal office)

8. Name(s) and business address(es) of managing member(s) or manager(s) who will
manage the foreign limited liability company in Florida: (attach additional page if necessary)

Todd Fisher - MGR

c/o Kohlberg Kravis Roberts & Co.
9 West 57th St., Suite 4200
New York, NY 10019

Filing Fee: \$ 52.50 for Application

* Florida address is 6067 Hollywood Boulevard, Hollywood FL 33024

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

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: GP LLC

2. The name and address of the registered agent and office is:

CORPORATION SERVICE COMPANY
(Name)
1201 Hays St.
(P.O. Box not acceptable)
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.

Karen B. Rozar
(Signature)

7/8/98
(Date)

Karen B. Rozar, As Its Agent

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

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The undersigned member or authorized representative of a member of _____
GP LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 30,044.72 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ N/A . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 30,044.72 . This total includes amounts from 2 and 3 above.

[Handwritten Signature]

Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GP 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 SIXTH DAY OF JULY, A.D. 1998.

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

2912486 8300

981261541



Edward J. Freel

9180455

07-06-98

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: