

# M98000001165

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

100002661681--2

-10/12/98--01096--002

\*\*\*\*285.00 \*\*\*\*285.00

Provident Insurance Agency, LLC

FILED  
OFFICE OF STATE  
SECRETARY OF CORPORATIONS  
98 OCT 12 PM 1:35

Profit

Amendment

Merger

NonProfit

Limited Liability Co.

Dissolution/Withdrawal

Mark

Foreign

Limited Partnership

Annual Report

Other ucc Filing

Reinstatement

Reservation

Change of R.A.

Fic. Name

Certified Copy

Photo Copies

CUS

Call When Ready

Call if Problem

After 4:30

Walk In

Pick Up

Mail Out

Name

Availability

Document

Examiner

Updater

Verrier

Acknowledgment

10/12 10/12/98

3K

PLEASE RETURN EXTRA COPIE  
FILE STAMPED

Jeff Botterfeld

RECEIVED  
OFFICE OF CORPORATIONS  
98 OCT 12 PM 1:35

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 1 1998  
PM 1:35

*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. Provident Insurance Agency, LLC  
(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. 9/25/98  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon registration  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1 Fountain Square  
Chattanooga, TN 37402  
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

| NAME & ADDRESS:              | TITLE:     | NAME & ADDRESS: | TITLE: |
|------------------------------|------------|-----------------|--------|
| <u>Richard A. Wolf</u>       | <u>MGR</u> | _____           | _____  |
| <u>1 Fountain Square</u>     |            | _____           |        |
| <u>Chattanooga, TN 37402</u> |            | _____           |        |
| _____                        |            | _____           |        |
| _____                        |            | _____           |        |
| _____                        |            | _____           |        |
| _____                        |            | _____           |        |
| _____                        |            | _____           |        |

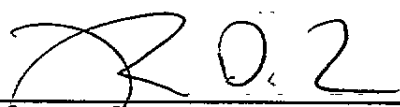
9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 12 PM 1:35

The undersigned member or authorized representative of a member of \_\_\_\_\_  
Provident Insurance Agency, LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_ ;  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000 .  
(This total includes amounts from 2 and 3 above.)



\_\_\_\_\_  
**Signature of a member or an 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.)

\_\_\_\_\_  
Richard D. Lang, Vice President & Counsel of its Member  
Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 12 PM 1:35

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:

Provident Insurance Agency, LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

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

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.*

Mary R. Adams

(Signature)

Mary R. Adams  
Assistant Secretary

**Filing Fee: \$ 35 for Designation of Registered Agent**

State of Delaware  
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVIDENT INSURANCE AGENCY, 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 SECOND DAY OF OCTOBER, A.D. 1998.

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

FILED STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 12 PM 1:35



*Edward J. Freel*

Edward J. Freel, Secretary of State

2941635 8300

981383220

AUTHENTICATION: 9335952

DATE: 10-02-98