M10000000647

Division of Corporations
Electronic Filing Cover Sheet

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(((H10000026780 3)))



H10000026780 3ABCY

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-10[illegible]
Fax Number : (850)878-53[illegible]

*RE-SUBMIT*
Please retain original filing date of submission 2/5/10

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Rehmann Insurance Group, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | $125.00 |

$1041.25

C. LEWIS
FEB 10 2010
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2010

C T CORPORATION SYSTEM

SUBJECT: REHMANN INSURANCE GROUP, LLC
REF: W10000006073

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of $1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is $916.25.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H10000026780
Letter Number: 710A00003108

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10 FEB -9 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rehmann Insurance Group, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Joan Payne
Name of Person

The Rehmann Group, LLC
Firm/Company

5800 Gratiot Road, Suite 201, P.O. Box 2025
Address

Saginaw, Michigan 48605
City/State and Zip Code

Joan.Payne@rehmann.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie A. Boyd at ( 989 ) 498-2256, Ext. 272
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

[X] $125.00 Filing Fee [ ] $130.00 Filing Fee & Certificate of Status [ ] $155.00 Filing Fee & Certified Copy [ ] $160.00 Filing Fee, Certificate of Status & Certified Copy

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2010 FEB -5 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 608.50, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Rehmann Insurance Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")

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

3. 38-3567906
(FEI number, if applicable)

4. 10/10/00
(Date of Organization)

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

6. January 8, 2007
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5800 Gratiot Road, Suite 201

Saginaw, MI 48638
(Street Address of Principal Office)

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

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

Frederick J. Schaard, Managing Director

4086 Legacy Parkway

Lansing, MI 48911

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:

Insurance Agency

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.)

Frederick J. Schaard, Managing Director
Typed or printed name of signee

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2010 FEB -5 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 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:

Rehmann Insurance Group, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

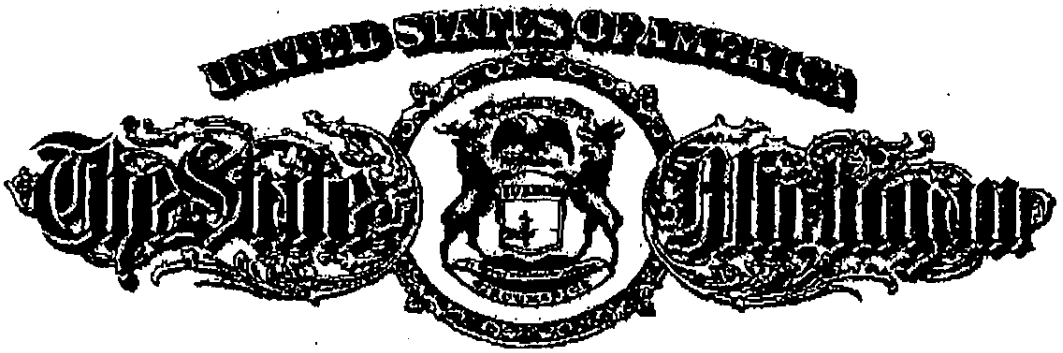
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 as provided for in Chapter 608, Florida Statutes.*

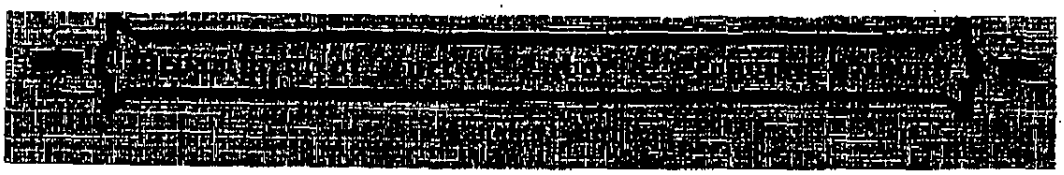
C T Corporation System

By: _____
(Signature)

Laura Broderick
Assistant Secretary

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



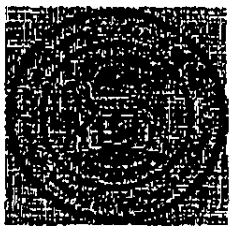
*This is to Certify That*

***REHMANN INSURANCE GROUP, LLC***

*was validly organized on October 10, 2000 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*Sent by Facsimile Transmission*
*1006543*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 3rd day of February, 2010*

*Director*

*Bureau of Commercial Services*