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C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

100003421651--4
-10/11/00--01022--031
*****70.00 *****70.00

CORPORATION(S) NAME

Professional Direct Agency, Inc

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Profit

NonProfit

Limited Liability Company

Foreign

Amendment

Merger

Dissolution/Withdrawal

Mark

Limited Partnership

Annual Report

Other

Reinstatement

Reservation

Change of R.A.

Limited Liability Partnership

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CONNIE BRYAN

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Professional Direct Agency, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Ohio 3. 31-1602422
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/03/98 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 400 Lazelle Road, Suite 16, Columbus, OH 43240
(Current mailing address)

To act as an insurance agency.
8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
By: Mary R Adams C T Corporation System
(Registered agent's signature) MARY R. ADAMS ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable) *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

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TALLAHASSEE, FLORIDA

Director: David C. Florian

Address: 400 Lazelle Road, Suite 16

Columbus, OH 43240

Director: Lou E. Hensley

Address: 400 Lazelle Road, Suite 16

Columbus, OH 43240

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: David C. Florian

Address: 400 Lazelle Road, Suite 16

Columbus, OH 43240

Vice President: Christopher W. Heidrick

Address: 400 Lazelle Road, Suite 16

Columbus, OH 43240

Secretary: Elizabeth H. Sensky

Address: 400 Lazelle Road, Suite 16

Columbus, OH 43240

Treasurer: Elizabeth H. Sensky

Address: 400 Lazelle Road, Suite 16

Columbus, OH 43240

SEE ATTACHMENT

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David C. Florian, President

(Typed or printed name and capacity of person signing application)

Attachment to Florida
 Application By Foreign Corporation for Authorization to Transact Business In Florida
Officers & Directors

1. Full Name: David C. Florian
 Officer/Director: Officer, Director
 Officer's Title: Co-President
 Director's Title: Other Director
 Business Address: 400 Lazelle Road, Suite 16
 City: Columbus
 State: OH
 ZIP Code: 43240
2. Full Name: Lou E. Hensley
 Officer/Director: Officer, Director
 Officer's Title: Co-President
 Director's Title: Other Director
 Business Address: 400 Lazelle Road, Suite 16
 City: Columbus
 State: OH
 ZIP Code: 43240
3. Full Name: Elizabeth H. Sensky
 Officer/Director: Officer, Director
 Officer's Title: Secretary/Treasurer
 Director's Title: Other Director
 Business Address: 400 Lazelle Road, Suite 16
 City: Columbus
 State: OH
 ZIP Code: 43240
4. Full Name: Christopher W. Heidrick
 Officer/Director: Officer
 Officer's Title: Vice-President
 Business Address: 400 Lazelle Road, Suite 16
 City: Columbus
 State: OH
 ZIP Code: 43240
5. Full Name: David Koterba
 Officer/Director: Officer
 Officer's Title: Vice-President
 Business Address: 400 Lazelle Road, Suite 16
 City: Columbus
 State: OH
 ZIP Code: 43240

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 TALLAHASSEE, FLORIDA

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 PROFESSIONAL DIRECT AGENCY, INC., an Ohio corporation, Charter No. 1006530, having its principal location in Columbus, County of Franklin, was incorporated on June 3rd, 1998 and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
TAMPAH SECT. FLORIDA

WITNESS my hand and official seal at

Columbus, Ohio on

October 6, 2000



J. Kenneth Blackwell
Secretary of State