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Cornerstone Support, Inc.
16 Norcross Street Suite 101
Roswell, GA 30075
(770) 587-4595 FAX (770) 587-2440

Sir/Madam

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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-03/05/01--01141--002
*****70.00 *****70.00

Monday, February 19, 2001

Dear Sir/Madam,

Malibu Insurance Services, Inc. is applying for a Certificate of Authority in order to do business within your state. They have hired us, Cornerstone Support, Inc. to help them with the process.

Please find enclosed an application for a Certificate of Authority attached with a fee of \$70.00 payable to Florida Department of State and a letter of good standing,

If you have any problems or questions, please contact: Joy Chamlee 770-587-4595.

Please mail all correspondence to:

Joy Chamlee
Cornerstone Support, Inc.
16 Norcross Street
Suite 101
Roswell, GA 30075.

Sincerely,

Joy Chamlee

Joy Chamlee
Licensing Specialist
Cornerstone Support, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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**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. Malibu Insurance Services, 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. MA 3. 043234795
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 13, 1994 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Approval
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 88 Broad Street
Boston MA 02110
(Current mailing address)
8. Bill Collections
(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: LEXIS Document Services Inc.
Office Address: 3953 W.W. Kelley Rd.
Tallahassee . Florida, 32311
(Zip code)

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TALLAHASSEE, FLORIDA

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.

Lucretia Heister, asst. sec.
(Registered agent's signature)

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)

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

Chairman: _____ Directors N/A No Directors required in MA

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Michael F. Ceppi

Address: 88 Broad Street

Boston MA 02109

Vice President: _____

Address: _____

Secretary: Jenny C. Ceppi

Address: 88 Broad Street

Boston MA 02110

Treasurer: _____

Address: _____

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

13. _____ 1-15-01

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

14. Michael F. Ceppi, President 1-15-01

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

February 23, 2001

TO WHOM IT MAY CONCERN:

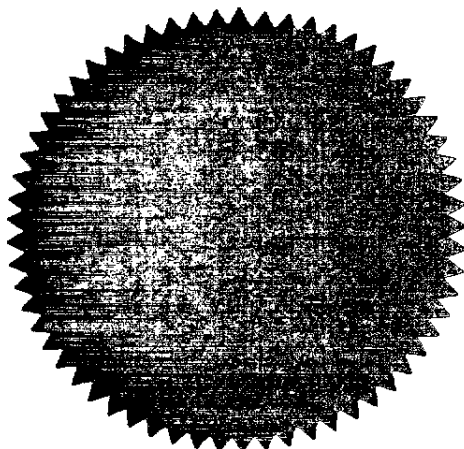
I hereby certify that according to the records of this office,

MALIBU INSURANCE SERVICES, INC.

is a domestic corporation organized on **May 13, 1994**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

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SEC. OF STATE
TALLMAN



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.