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LAW OFFICES

IRA D. LEAVITT, LTD.

675 NORTH COURT - SUITE 360

PALATINE, ILLINOIS 60067

TELEPHONE (847) 359-8883

FAX (847) 359-8861

August 28, 2001

Qualification Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

500004593755--9

-09/17/01--01074--006

140.00 **70.00

RE: E. Johnson, Inc. and Impaired Risk Specialists, Inc.

Dear Sir or Madam:

I am the attorney for the two (2) above mentioned corporations. At this time, please find enclosed, Application by Foreign Corporation for Authorization to Transact Business in Florida for both corporations. Attached to each application is a Letter of Good Standing from the State of Illinois, the state in which both corporations are incorporated.

I am also enclosing my check in the amount of \$140.00 covering the filing fee for both corporations.

If there are any questions or comments, I would appreciate it if you would call me collect.

I also would appreciate it if you would return both Certificates of Authorization to Transact Business in Florida directly to my office.

Very truly yours,



IRA D. LEAVITT

IDL:rmb

Enclosures

cc: Edwin B. Johnson

NOI-21707

F01-5151

LR 10/2

ejohnsoninc/floridacorporation/tr082901

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 19, 2001

IRA D. LEAVITT, LTD.
675 NORTH COURT - SUITE 360
PALATINE, IL 60067

SUBJECT: IMPAIRED RISK SPECIALISTS, INC.
Ref. Number: W01000021707

We have received your document for IMPAIRED RISK SPECIALISTS, INC. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 701A00052397

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LAW OFFICES

IRA D. LEAVITT, LTD.

675 NORTH COURT - SUITE 360

PALATINE, ILLINOIS 60067

TELEPHONE (847) 359-8883

FAX (847) 359-8861

October 1, 2001

Via Federal Express

Qualification Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
Attn: Lee Rivers, Document Specialist

RE: E. Johnson, Inc. and Impaired Risk Specialists, Inc.
Letter Number: 801A00052396 and Letter Number: 701A00052397

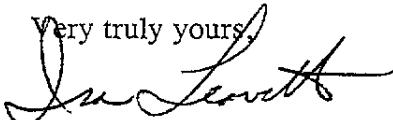
Dear Mr. Rivers:

Please find enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida for the above corporations. Page two of these documents have now been signed by Edwin B. Johnson.

If there are any questions or comments, I would appreciate it if you would call me collect.

I also would appreciate it if you would return both Certificates of Authorization to Transact Business in Florida directly to my office.

Very truly yours,



IRA D. LEAVITT

IDL:rmb

Enclosures

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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. IMPAIRED RISK SPECIALISTS, 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. ILLINOIS

(State or country under the law of which it is incorporated)

3. 36-3852373

(FEI number, if applicable)

4. OCTOBER 22, 1992

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. AUGUST 29, 2001

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

7. 1521 BEACHWALKER DR.

FERNANDINA BEACH, FL. 32034

(Current mailing address)

8. TO ACT AS AN AGENT OR BROKER IN THE SALE OF ALL FORMS OF INSURANCE, AND TO
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) PERFORM SERVICES
ANCILLARY THERETO.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: EDWIN B. JOHNSON

Office Address: 1521 BEACHWALKER DR.

FERNANDINA BEACH

, Florida, 32034

(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.

EDWIN B. JOHNSON

(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)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)Chairman: EDWIN B. JOHNSONAddress: 1521 BEACHWALKER DR.FERNANDINA BEACH, FL 32034

Vice Chairman: _____

Address: _____

Director: SANDRA R. JOHNSONAddress: 1521 BEACHWALKER DR.FERNANDINA BEACH, FL 32034Director: JODIE A. JOHNSONAddress: 1521 BEACHWALKER DR.FERNANDINA BEACH, FL 32034**B. OFFICERS** (Street address only - P.O. Box NOT acceptable)President: EDWIN B. JOHNSONAddress: 1521 BEACHWALKER DR.FERNANDINA BEACH, FL 32034

Vice President: _____

Address: _____

Secretary: SANDRA R. JOHNSONAddress: 1521 BEACHWALKER DR.FERNANDINA BEACH, FL 32034

Treasurer: _____

Address: _____

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

13. _____

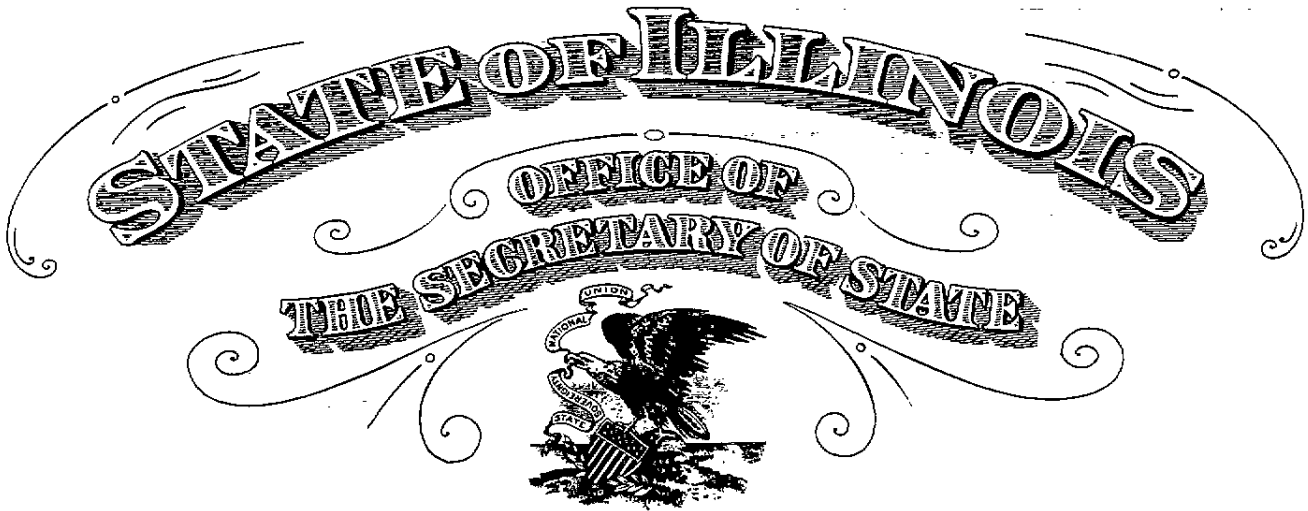
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

EDWIN B. JOHNSON, President and Chairman

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

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that IMPAIRED RISK SPECIALISTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE OCTOBER 22, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

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In Testimony Whereof, I, hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of AUGUST *A.D.* 2001

Jesse White

SECRETARY OF STATE