

TRANSMITTAL LETTER

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|-------------------------------------------------|--------------------------------|------------------------------|-------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: | Insurex, In | .c. | | | |
| · | | (Nam | e of corporat | on - must include suffix) | |
| Dear Sir or Ma | dam: | | | | |
| The enclosed " "Certificate of to transact busi | Existence", | and check are | orporation fo submitted to | r Authorization to Transa register the above refere | ct Business in Florida", nced foreign corporation |
| Please return a | ll correspond | dence concern | ing this matte | er to the following: | Name of the Control o |
| Kathryn Freeman | | | | | 009075119567 |
| | | | (Name c | f Person) | ******78.75 ****************** |
| | | | Cornerstone S | upport, Inc. | |
| | SEC SEC | | | | |
| | 三 第 五 | | | | |
| | | | (Add | lress) | 25A = F |
| | | | Roswell, (| GA 30075 | |
| | | | (City/State | and Zip code) | FL |
| For further info | ormation con | icerning this r | natter, please | call: | 02 翻到 2 |
| Kathryn | Freeman | | _ at (|) 770-587 - 4595 | |
| (Name | e of Person) | | ` (Area | Code & Daytime Teleph | one Number) A.a.abilityu emy() Examiner |
| STREET ADI | ection | | | MAILING ADDRES Registration Section | S: Updater |
| Division of Corporations 409 E. Gaines St. | | | | Division of Corporation P.O. Box 6327 | ons U or Vernor |
| Tallahassee, FL 32399 | | | Tallahassee, FL 32314 | | 4 Acknowne ger en. |
| Enclosed is a c | W. P. vernyer | | | | |
| □ \$70.00 Filin | ng Fee 💆 | \$78.75 Filin Certificate | _ | □ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE 97TH SECTION 60 7.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. Insurex | , | | | | | |
|--------------------------------------------------------------|------------------------------------------------|-------|----------------------------------------------------------------------------------------------|-----------|---------------|-------|
| words or abbrev | | early | ED'', "COMPANY", "CORPORATION" or y indicate that it is a corporation instead of a present.) | | | |
| 2.TX | | | 76-0440927 | | | |
| (State or country under the law of which it is incorporated) | | | (FEI number, if applicable) | | | |
| 4.7/5/94 | | 5. | Perpetual | | | |
| (Date of incorporation) | | | (Duration: Year corp. will cease to exist or | 'perpeti | ıal") | |
| 6. upon qualif | fication | | | | | |
| (Date first trans | - | | transacted business in Florida, insert "upon qu, 607.1502 and 817.155, F.S.) | ıalificat | ion.") | |
| 7. 11999 Katy Freeway, Suite 160 | | | Houston | TX | | 77079 |
| | (Principal office | add | ress) | | | |
| | (Current mailing | add | ress) | | 2 11 21 Samen | |
| 8. Debt Colle | ection | | | | _ | |
| (Purpose | (s) of corporation authorized in home state of | or co | untry to be carried out in state of Florida) | <u>≥8</u> | 72 | |
| 9. Name <u>and str</u> | | | (P.O. Box or Mail Drop Box NOT accept | | 影 | |
| Name: | LexisNexis Document Solu | 110 | ns Inc J | RY O | 5 | |
| Office Address: | 3953 W. W. Kelley Road | | | FSI | 3 | |
| | Tallahassee (City) | | , Florida 32311 (Zip code) | AGISC. | ල 19 | |
| | (City) | | (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.

Allenson (Lost Segregistered agent's signature)

I 1. 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 business addresses of officers and/or directors: A. DIRECTORS Chairman: TH BUSAND OAKS 38632 HP KNANDO Vice Chairman: Address: ____ Director: __ Address: _ Director: B. OFFICERS President: Kurtis Hamilton 11999 Katy Freeway, Suite 160 Houston, TX 77079 Vice President: Tammy Byrd Address: 11999 Katy Freeway, Suite 160 Houston, TX 77079 Secretary: ____Tammy Byrd Address: 11999 Katy Freeway, Suite 160 Houston, TX 77079 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Gwyn Shea Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for INSUREX, INC. (filing number: 131773800), a Domestic Business Corporation, was filed in this office on July 05, 1994.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 27, 2002.



Gwyn Shea Secretary of State