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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Group Insurance Concepts, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David I. Tenzer, Esquire

(Name of Person)

Glenn, Feldmann, Darby & Goodlatte

(Firm/Company)

210 1st Street, S.W., Suite 200 Post Office Box 2887

(Address)

Roanoke, Virginia 24001

(City/State and Zip code)

For further information concerning this matter, please call:

David I. Tenzer

(Name of Person)

at (540) 224-8037

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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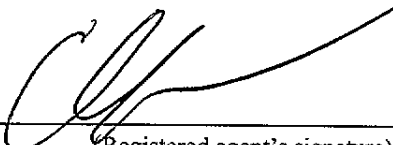
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Group Insurance Concepts, 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. Virginia 3. 54-1955077
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 26, 1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9300 5th Street North St. Petersburg, FL 33702
(Principal office address)
40 West Church Street Rocky Mount, VA 24151
(Current mailing address)
8. engage and transact any and all lawful business, including but not limited to transacting
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) business as an insurance agent or agency
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Donald H. Pierce
Office Address: 9300 5th Street North
St. Petersburg, Florida 33702
(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.


(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Donald H. Pierce

Address: 9300 5th Street North

St. Petersburg, FL 33702

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Donald H. Pierce

Address: 9300 5th Street North

St. Petersburg, FL 33702

Vice President: _____

Address: _____

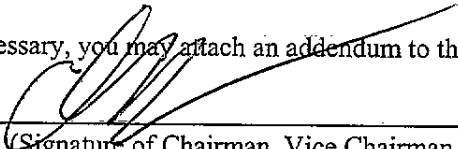
Secretary: _____

Address: _____

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. Donald H. Pierce, President
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

GROUP INSURANCE CONCEPTS, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is August 26, 1999.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:
April 10, 2002*



Joel H. Peck
Joel H. Peck, Clerk of the Commission