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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Lines Insurance Agency, 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:

Chris Heinze
(Name of Person)
Bethel Associates, P.A.
(Firm/Company)
360 North Robert Street W03-16622
(Address)
St. Paul, MN 55101
(City/State and Zip code)

For further information concerning this matter, please call:

Chris Heinze at (651) 292-9406
(Name of Person) (Area Code & Daytime Telephone Number)

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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

Attorneys At Law
BETHEL & ASSOCIATES, P.A.
360 NORTH ROBERT STREET
SUITE 320
SAINT PAUL, MINNESOTA 55101

CHARLES E. BETHEL II

TELEPHONE: (651) 292-9406
FACSIMILE: (651) 222-2709
E-MAIL: info@bethellaw.net

CHRISTOPHER J. HEINZE

May 27, 2003

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

Dear Sir or Madam:

Enclosed please find an Application for Certificate of Authority for All Lines Insurance Agency, Inc. a Minnesota corporation, to transact business in Florida as a Foreign Corporation. Attached to this application please also find a Certificate of Good Standing from the Minnesota Secretary of State, and a check for \$70.

Very Truly Yours,

BETHEL & ASSOCIATES, P.A.

By: Christopher J. Heinze

Enc.

CC: Trent Jonas

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 10, 2003

CHRISTOPHER J. HEINZE
BETHEL & ASSOCIATES, P.A.
360 NORTH ROBERT STREET, SUITE 320
SAINT PAUL, MN 55101

SUBJECT: ALL LINES INSURANCE AGENCY, INC.
Ref. Number: W03000016622

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We have received your document for ALL LINES INSURANCE AGENCY, INC. and your check(s) totaling \$70.00. 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.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 603A00036173

Attorneys At Law
BETHEL & ASSOCIATES, P.A.
360 NORTH ROBERT STREET
SUITE 320
SAINT PAUL, MINNESOTA 55101

CHARLES E. BETHEL II

TELEPHONE: (651) 292-9406
FACSIMILE: (651) 222-2709
E-MAIL: info@bethellaw.net

CHRISTOPHER J. HEINZE

June 18, 2003

Florida Department of State
Division of Corporations
Attn: Lee Rivers
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find a revised Application for Certificate of Authority for All Lines Insurance Agency, Inc. a Minnesota corporation, to transact business in Florida as a Foreign Corporation. Please note that the Corporation will be conducting business using the name "All Insurance Services, Inc." as set forth in the attached Resolution of Board of Directors. It is our understanding that the Certificate of Good Standing from the Minnesota Secretary of State's office and the check for the \$70 application fee has been retained and processed by your division.

If you should have any further questions or concerns regarding this application please do not hesitate to contact me directly at (651) 292-94069.

Very Truly Yours,

BETHEL & ASSOCIATES, P.A.

By: Christopher J. Heinze

Enc.

CC: Trent Jonas

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RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Trent C. Jones, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

All Lines Insurance Agency, Inc.
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Minnesota,

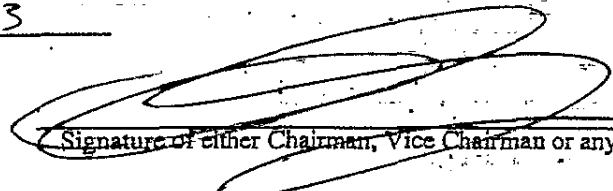
was duly adopted on June 17th, 2003.

Be it resolved, that All Lines Insurance Agency, Inc.
(Corporate Name)

organized and existing in the State of Minnesota, hereby adopts the name

All Insurance Services, Inc. for use in Florida.

Dated: 6/17/03



Signature of either Chairman, Vice Chairman or any officer

Trent Jones
Type or print name

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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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. All Lines Insurance 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. Minnesota 3. 71-0939 535
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/14/2003 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. 2677 County Road 10, Mounds View, MN 55112
(Principal office address)

2677 County Road 10, Mounds View, MN 55112
(Current mailing address)

8. Insurance Company
(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: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation, Florida 33324
(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.

Lauren Greco **Lauren Greco**
Assistant Secretary
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

CEO Chairman: Trent Jonas

Address: 2677 County Rd 10
Mounds View, MN 55112

COO Vice Chairman: Thomas Mielke

Address: 2677 County Rd 10
Mounds View, MN 55112

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

CEO President: Trent Jonas

Address: 2677 County Rd 10
Mounds View, MN 55112

COO Vice President: Thomas Mielke

Address: 2677 County Rd 10
Mounds View, MN 55112

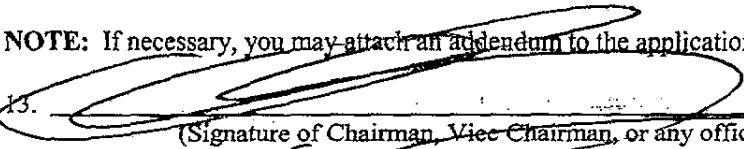
COO Secretary: Jennife Frontz

Address: 2677 County Rd 10, Mounds View, MN 55112

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. Trent Jonas, CEO
(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

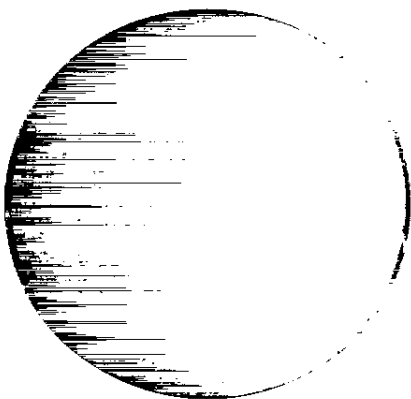
Name: All Lines Insurance Agency, Inc.

Date Formed: 03/14/2003

Chapter Governed By: 302A

This certificate has been issued on 05/06/03.

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Mary Kiffmeyer
Secretary of State.