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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

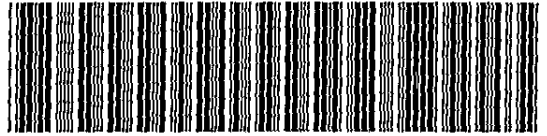
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equity Leadership 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:

Craig A Sorenson
(Name of Person)

Equity Leadership Group Inc
(Firm/Company)

3033 S Parker Rd Ste 602
(Address)

Aurora Co 80019
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Craig Sorenson at (303) 755-3122
(Name of Person) (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

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. Equity Leadership 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. Colorado 3. 72-1534566
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/10/03 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7/1/03
(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. 3033 S Parker Rd Ste 602 Aurora CO 80014
(Principal office address)

3033 S Parker Rd Ste 602 Aurora CO 80014
(Current mailing address)

8. Insurance Agencies Life Health + Variable
(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: Mark F Graham

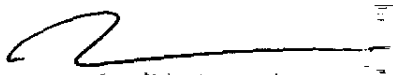
Office Address: 777 S Harbour Is Blvd Ste 240

Tampa, Florida 33602
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: Mark F Graham

Address: 777 S Harbour Island Blvd Ste 240
Tampa FL 33602

Vice Chairman: Craig Sorenson

Address: 3033 S Parker Rd Ste 602
Aurora CO 80014

Director: Randall Peterson

Address: 7282 Plantation Rd Ste 403
Pensacola FL 32504

Director: _____

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: Craig Sorenson

Address: 3033 S Parker Rd Ste 602
Aurora CO 80014

Vice President: _____

Address: _____

Secretary: Lawrence Firebaugh

Address: 3033 S Parker Rd Ste 602 Aurora CO 80014

Treasurer: Mary F Graham

Address: 777 S Harbour Blvd Ste 240 Tampa FL 33602

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

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

14. Mark F Graham Craig A Sorenson Randall Peterson
(Typed or printed name and capacity of person signing application)



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,
hereby certify that, according to the records of this office,

EQUITY LEADERSHIP INSURANCE AGENCY, INC.
(Colorado CORPORATION)
File # 20031012192

was filed in this office on January 10, 2003 and has complied with the applicable provisions
of the laws of the State of Colorado and on this date is in good standing and authorized and
competent to transact business or to conduct its affairs within this state.

Dated: June 11, 2003

For Validation:

Certificate ID: **675329**

To validate this certificate, visit the following
web site, enter this certificate ID, then follow the
instructions displayed.

www.sos.state.co.us/ValidateCertificate

Donetta Davidson

SECRETARY OF STATE