

F05000005523

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

9/27 FCC

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000229344 3)))

M. HODGES

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : CORPORATE CREATIONS CHICAGO, L.L.C
Account Number : 110450001334
Phone : (773)935-3920
Fax Number : (773)935-4020

F05-5523

FOREIGN PROFIT QUALIFICATION

Insurance Producers of America Agency, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED

05 SEP 27 PM 12:21

DIVISION OF CORPORATION

RECEIVED
TALLAHASSEE FLORIDA

05 SEP 27 PM 12:29

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000229344 3

**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. Insurance Producers of America Agency, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/27/2005 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 777 Main St., Suite 3100, Fort Worth, TX 76102
(Principal office address)

(Current mailing address)

8. Marketing and distribution of health care products.
(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 NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221E

Palm Beach Gardens, Florida 33410
(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.

By: Nick E. Kuyik
(Registered agent's signature)
Corporate Creations Network Inc.

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.

H05000229344 3

FILED
05 SEP 27 PM 12:29
TALLAHASSEE FLORIDA
SECRETARY OF STATE

H05000229344 3

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

A. DIRECTORS

Chairman: Peter Nauert

Address: 777 Main St., Suite 3100, Fort Worth, Texas 76102

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael Owens

Address: 777 Main St., Suite 3100, Fort Worth, Texas 76102

Vice President: _____

Address: _____

Secretary: Michael Owens

Address: 777 Main St., Suite 3100, Fort Worth, Texas 76102

Treasurer: Carl Fischer

Address: 777 Main St., Suite 3100, Fort Worth, Texas 76102

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Michael Owens, President

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

H05000229344 3

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSURANCE PRODUCERS OF AMERICA AGENCY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2005.

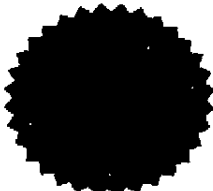
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSURANCE PRODUCERS OF AMERICA AGENCY, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4006569 8300
050777395

AUTHENTICATION: 4175252

DATE: 09-22-05



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State