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(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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**Figure 1**

SECRET

2005 NOV -4 P 1:21  
SECRETARY OF STATE  
TALLAMORE, E. L.

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICAN INSURANCE SERVICES GROUP, 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:

MARNIE M. MCGRATH  
(Name of Person)

AMERICAN INSURANCE SERVICES GROUP, INC  
(Firm/Company)

9226 F BOCA GARDENS PARKWAY  
(Address)

BOCA RATON, FLORIDA 33496  
(City/State and Zip code)

For further information concerning this matter, please call:

MARNIE MCGRATH at ( 561 ) 302-1083  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 14, 2005

MARNIE M. MCGRATH  
AMERICAN INSURANCE SERVICES GROUP, INC.  
9226 F BOCA GARDENS PARKWAY  
BOCA RATON, FL 33496

SUBJECT: AMERICAN INSURANCE SERVICES GROUP, INC.  
Ref. Number: W05000042786

We have received your document for AMERICAN INSURANCE SERVICES GROUP, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 705A00056875

**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. AMERICAN INSURANCE SERVICES GROUP, INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**OPEN INSURANCE NETWORK**

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

**2. DELAWARE**

(State or country under the law of which it is incorporated)

**3. 59-3811146**

(FEI number, if applicable)

**4. 7-11-2005**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. NONE**

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

**7. 9226 F BOCA GARDENS PARKWAY, BOCA RATON FLORIDA 33496**

(Principal office address)

**9226 F BOCA GARDENS PARKWAY, BOCA RATON FLORIDA 33496**

(Current mailing address)

**8. INSURANCE AGENCY**

(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: **MARNIE MCGRATH**

Office Address: **400 S DIXIE HWY STE 220**

**BOCA RATON**

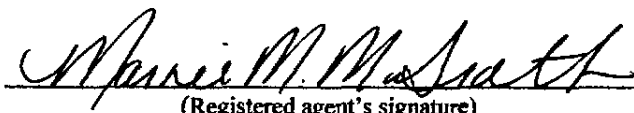
(City)

, Florida **33432**

(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.**

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

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2005 NOV -4 P 11:00  
TALLAHASSEE  
SECRETARY OF STATE

**A. DIRECTORS**

Chairman: MARNIE M. MCGRATH

Address: 9226 F BOCA GARDENS PARKWAY  
BOCA RATON, FLORIDA 33496

Vice Chairman: MARNIE M. MCGRATH

Address: 9226 F BOCA GARDENS PARKWAY  
BOCA RATON, FLORIDA 33496

Director: MARNIE M. MCGRATH

Address: 9226 F BOCA GARDENS PARKWAY  
BOCA RATON, FLORIDA 33496

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: MARNIE M. MCGRATH

Address: 9226 F BOCA GARDENS PARKWAY  
BOCA RATON, FLORIDA 33496

Vice President: MARNIE M. MCGRATH

Address: 9226 F BOCA GARDENS PARKWAY  
BOCA RATON, FLORIDA 33496

Secretary: MARNIE M. MCGRATH

Address: 9226 F BOCA GARDENS PARKWAY, BOCA RATON, FLORIDA 33496

Treasurer: MARNIE M. MCGRATH

Address: 9226 F BOCA GARDENS PARKWAY, BOCA RATON, FLORIDA 33496

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

13. Marnie M. McGrath  
(Signature of Director or Officer listed in number 12 of the application)

14. MARNIE M. MCGRATH - PRESIDENT  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# Delaware

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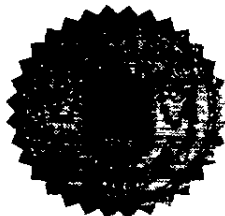
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN INSURANCE SERVICES GROUP, 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 FOURTEENTH DAY OF OCTOBER, A.D. 2005.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4226369

DATE: 10-14-05

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