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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies Certificates of Status _			
Special Instructions to	Filing Officer:	<u> </u>	
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SUGRETARY OF STATE TALL AHASSEE, FLORIDA

J.Shivara JAN 0 5 2005

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COVER LETTER

TO:	Registration S Division of C										
SUBJ	ECT:	SUPER P	REMIUM	FINA	NCE	INCO	RPORAT	ED			
							nclude suf				
Dear S	ir or Madam:										
"Certif	closed "Applic icate of Exister t business in F	nce," and ch									
Please	return all corre	spondence c	oncerning	this mat	ter to	the foll	owing:				
		ARTHUR	L. WAT	rers							
				(Name	of Pe	rson)	•		_	•	_
		ATTORN	EY AT I	LAW							
				(Firm/	Comp	any)	•				
	555 SUN	VALLEY 1	ORIVE	SUITE	E P-	.3					
				(Ad	ddress	;)					AL.
	ROSWELL,	GEORGIA	A 300	76-14	465				•		CRE AR
			(City/Stat	te and	Zip co	de)	· · · · · · · · · · · · · · · · · · ·		-	AS.
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For fur	ther information	on concernin	g this matt	er, pleas	e call:	:					OF STATE
CATI	HY O'NEIL	L	at	(770) }	645	-1000	x 22	1		RATE OF
	(Name of Pe	rson)			a Coc		ytime Te			er)	
	STREET/CO Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	Section Corporations ing ve Center Ci]	MAILIN Registration Division of P.O. Box Tallahasso	on Sec of Corp 6327	tion orations		
Enclos	ed is a check fo	or the follow	ing amoun	ıt:							
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy						Status &					

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.

If name unavai	lable in Florida, enter alternate corporate	name a	lopted for the purpose of tran	sacting business	in Florida)
GEORG		3			
State or country	under the law of which it is incorporated)	(FEI number,	if applicable)	
12/02,		5	PERPETUAL		
(Date of incorporation)			Duration: Year corp. will co	ease to exist or "p	perpetual")
	NONE				
1000 मा	(SEE SECTIONS 607.1501 & C	507.150		liability)	a. 20042
	(Principal offic	e addre	s)	ENCHVILLE,	, GA 30 043
2700 BR	ASELTON HWY PMB 10-284	DF	CULA, GA. 30019		_
	(Current mailin	_	•		SECA
	E IN THE BUSINESS OF F				JAN -5 CRETARY AHASSE
	s) of corporation authorized in home state et address of Florida registered agent: NRAI SERVICES, INC.		•	of Florida)	NRY OF STATE
ice Address:	2731 EXECUTIVE PARK D	RIVE	SUITE 4		इत्त ः द
	WESTON		Florida 33331		-
	(City)	*****	, Florida 33331 (Zip code)	- -	

and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc. 12-13-2005 (Registered agent's signature)

Christian Echanis. Asst. Secretary

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. DIRE	, CTORS			
	NONE			
Address: _				
– Vice Chair	man: NONE			
-				
Director: _	JOSEPH WOLFBERG			
Address: _	2803 W. TOUHY AVENUE	· -		
_	CHICAGO, ILLINOIS 60645			<u> </u>
Director: _	LYNNE FRANCO			
Address: _	1000 HURRICANE SHOALS ROAD BLDG C SUITE 130			
_	LAWRENCEVILLE, GEORGIA 30043	-	<u>_</u>	
B. OFFI			Sics) 06 J
	JOSEPH WOLFBERG		RETA:	JAN-
	2803 W. TOUHY AVENUE		SEE.	3 6
_	CHICAGO, ILLINOIS 60645	-	FL0	<i>∴</i>
- Vice Presic	lent: N/A		ALK TIVE	य
				
		······································		
- Secretary:	LYNNE FRANCO			
Address: _	1000 HURRICANE SHOALS ROAD BLDG C SUITE 130	ĽÁWRENCEV	ILLE,	GEÖR
Treasurer:	LYNNE FRANCO	30	043	
Address: _	1000 HURRICANE SHOALS ROAD BLDG C SUITE 130 L	AWRENCEVIL	LF G	EORGI:
_		300	-	
NOTE: I	f necessary, you may attach an addendum to the application listing additional off	icers and/or dire	ctors.	
13	Tun Land			<u> </u>
	(Signature of Director or Officer listed in number 12 of the application	ion)		
1.4	I.YNNE EDANCO			

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

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 060030016
CONTROL NUMBER : 0471826
DATE INC/AUTH/FILED: 12/02/2004
JURISDICTION : GEORGIA
PRINT DATE : 01/03/2006
FORM NUMBER : 211

ADVANCED INSURANCE SYSTEMS CATHY O'NEILL 555 SUN VALLEY DR., STE.P-3 ROSWELL, GA 30076

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SUPER PREMIUM FINANCE INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



July Cop

Cathy Cox Secretary of State