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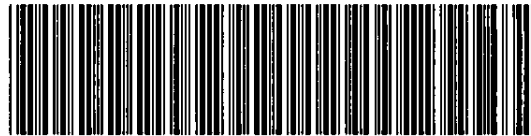
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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February 20, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Seguros sin Barreras Insurance Agency, Inc.

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
X	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**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. Seguros sin Barreras Insurance 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. 16-1758417
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 22, 2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 640 S. San Vicente Blvd. Los Angeles, California 90048
(Principal office address)

(Current mailing address)

8. All-purpose. The company will be conducting business as a centrally located call center 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: NRAI Services, Inc.

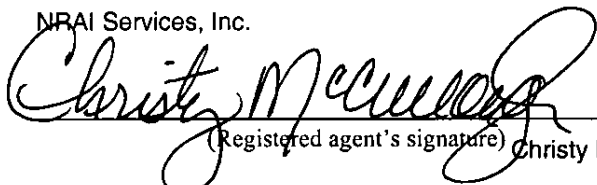
Office Address: 2731 Executive Park Dr., Ste 4

Weston, Florida 33331
(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.

NRAI Services, Inc.


(Registered agent's signature) Christy McCullough, Assistant 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Valeria Rico

Address: 640 S. San Vicente Blvd., Los Angeles, CA 90048

Director: See Attachment

Address: _____

B. OFFICERS

President: Valeria Rico

Address: 640 S. San Vicente Blvd., Los Angeles, CA 90048

Vice President: Anthony R. Ignaczak

Address: 640 S. San Vicente Blvd., Los Angeles, CA 90048

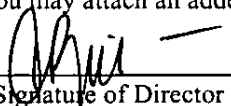
Secretary: Valeria Rico

Address: 640 S. San Vicente Blvd., Los Angeles, CA 90048

Treasurer: N/A

Address: _____

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. Valeria Rico, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE

Florida Application for Certificate of Authority
Entity: Seguros sin Barreras Insurance Agency, Inc.
Attachment Title: Exhibit A

Director Name	Address
Brian Archibald	640 S. San Vicente Blvd., Los Angeles, CA 90048
Robert Ro	640 S. San Vicente Blvd., Los Angeles, CA 90048
Anthony R. Ignaczak	640 S. San Vicente Blvd., Los Angeles, CA 90048
Frank H. Winslow	640 S. San Vicente Blvd., Los Angeles, CA 90048

Officer Name	Title	Address
Frank H. Winslow	Vice President	640 S. San Vicente Blvd., Los Angeles, CA 90048
Brian Archibald	Assistant Secretary	640 S. San Vicente Blvd., Los Angeles, CA 90048
Robert Ro	Assistant Secretary	640 S. San Vicente Blvd., Los Angeles, CA 90048
Robert Ro	Chief Financial Officer	640 S. San Vicente Blvd., Los Angeles, CA 90048
Brian Archibald	Chief Operating Officer	640 S. San Vicente Blvd., Los Angeles, CA 90048

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEGUROS SIN BARRERAS INSURANCE 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 TWELFTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEGUROS SIN BARRERAS INSURANCE AGENCY, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2006.

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

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5424382

DATE: 02-12-07