

F07000002994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

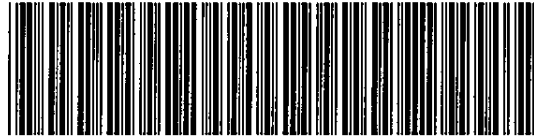
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

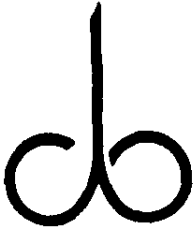


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Starns JUN 11 2007



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

GENA BRADSHAW, FLMI
Chief Executive Officer

W.H.L. WOODYARD IV
Chief Operating/Financial Officer

June 1, 2007

Florida Dept. of State
Division of Corporations
2661 Executive Center Cr. W
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed, please find the necessary documents to qualify **InsureMe, Inc.** to do business in your state.

I trust this letter and the enclosed documents place them in compliance with your state Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Patricia Torres
Corporate Qualification Division

/pt

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: InsureMe, 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:

Patricia Torres

(Name of Person)

Central Licensing Bureau, Inc.

(Firm/Company)

1501 N University, Suite 550

(Address)

Little Rock, AR 72207

(City/State and Zip code)

For further information concerning this matter, please call:

Patricia Torres

(Name of Person)

at (501) 664-8044

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. InsureMe, 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. Colorado 3. 84-1219287
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/24/1993 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. 9800 S. Meridian Blvd., Suite 400 Englewood, CO 80112
(Principal office address)

(Current mailing address)

8. The business of insurance, functioning as an 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.

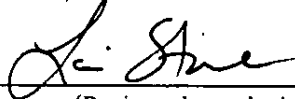
Office Address: 2731 Executive Park Dr., Ste 4

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)

LAUREL STONE, ASST SECT

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Robin Paquette-C OO

Address: 9800 S. Meridian Blvd., Suite 400 Englewood, CO 80112

Director: _____

Address: _____

B. OFFICERS

President: Tim McTavish

Address: 9800 S. Meridian Blvd., Suite 400 Englewood, CO 80112

Vice President: _____

Address: _____

Secretary: _____

Address: _____

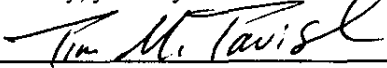
Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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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. Tim McTavish-President
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

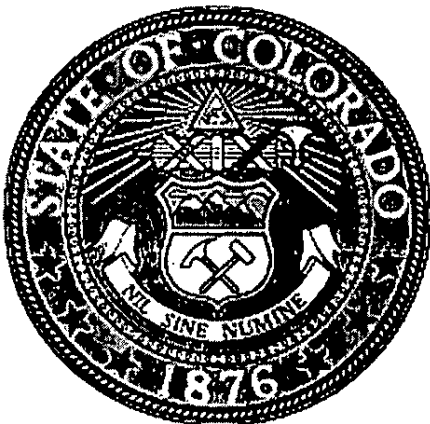
InsureMe, Inc.

is a
Corporation

formed or registered on 02/24/1993 under the law of Colorado, has complied with all applicable
requirements of this office, and is in good standing with this office. This entity has been
assigned entity identification number 19931020200 .

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 05/24/2007 that have been posted, and by documents delivered to this office
electronically through 06/01/2007 @ 07:18:10 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed,
authenticated, issued, delivered and communicated this official certificate at Denver, Colorado
on 06/01/2007 @ 07:18:10 pursuant to and in accordance with applicable law. This certificate is
assigned Confirmation Number 6797364 .



Mike Coffman

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."