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DIVISION OF CORPORATIONS

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Florida Department of State  
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## FOREIGN PROFIT/NONPROFIT CORPORATION

Insurance Staffers, Inc.

Certificate of Status	0
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**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 Staffers, 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. Illinois

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

3. 36-3508473

(FBI number, if applicable)

4. 11/5/1980

(Date of incorporation)

5. Perpetual

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

6. 2/13/08

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 120 S. LaSalle St., Suite 1410, Chicago, Illinois 60603

(Principal office address)

120 S. LaSalle St., Suite 1410, Chicago, Illinois 60603

(Current mailing address)

8. Temporary employment services for insurance companies.

(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 or Mail Drop Box NOT acceptable)

Name: Business Filings Incorporated

Office Address: 1203 Governors Square Blvd., Suite 101

Tallahassee

(City)

Florida 32301-2960

(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)

Mark Williams A.V.P., Business Filings Incorporated

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**A. DIRECTORS**

Chairman: \_\_\_\_\_

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


Vice Chairman: \_\_\_\_\_

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

Director: Richard JacobsonAddress: 120 S. LaSalle St., Suite 1410, Chicago, Illinois 60603

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

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

**B. OFFICERS**President: Gregory JacobsonAddress: 120 S. LaSalle St., Suite 1410, Chicago, Illinois 60603Vice President: Susan CallozzoAddress: 120 S. LaSalle St., Suite 1410, Chicago, Illinois 60603Secretary: Richard JacobsonAddress: 120 S. LaSalle St., Suite 1410, Chicago, Illinois 60603Treasurer: Susan CallozzoAddress: 120 S. LaSalle St., Suite 1410, Chicago, Illinois 60603**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. Gregory Jacobson, President  
(Typed or printed name and capacity of person signing application)

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