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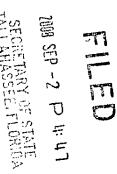
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer;				

Office Use Only



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#### \*\*\* PROMPT ATTENTION REQUESTED \*\*\*

8/28/2008

Corp. Div. FL Secy. of State P.O. Box 6327 Tallahassee, FL 32314

Re: Augeo Affinity Insurance Services, Inc.

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely, Kennedy Licensing Service, Inc.

### Deanna Stanley

Deanna Stanley
Vice President & Initial Lic'g Manager
Email: dstanley@kennedylicensing.com

cc: Augeo Affinity Insurance Services, Inc. VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup.,, Cert. G.S.

#### COVER LETTER

TO: New Filing Section Division of Corporations

FILED

SEP-2 P 4: 47

SECRETARY OF STATE SUBJECT: Augeo Affinity Insurance Services, 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: Deanna Stanley (Name of Person) Kennedy Licensing Service, Inc. (Firm/Company) 4144 N. Central Expy., Suite 800 (Address) Dallas, TX 75204 (City/State and Zip code) For further information concerning this matter, please call: Deanna Stanley at ( 214 ) 855-0737 (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS:** New Filing Section New Filing Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: \$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

#### 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. Auge	eo Affinity Insurance Serv	ices	s, Inc.
	corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp.")	TED	," "COMPANY," "CORPORATION,"
(If name unavail	lable in Florida, enter alternate corporate	name	e adopted for the purpose of transacting business in Florida)
	•		, , , , , , , , , , , , , , , , , , , ,
(State or country	vare under the law of which it is incorporated	3. i)	(FEI number, if applicable)
4. 6/18/			perpetual
	e of incorporation)	_ 5.	(Duration: Year corp. will cease to exist or "perpetual")
6. UPON C	QUALIFICATION		
o	(Date first transacted busi		in Florida, if prior to registration) 502, F.S., to determine penalty liability)
7. 2226 We	est Northern Ave., Suite Ca	201	Phoenix, AZ 85021
	(Principal offic		dress)
2226 We	est Northern Ave., Suite Ci	201	Phoenix, AZ 85021
	(Current mailin		lress)
Nonrocia	dent incurance each		alaa and aaniiaa
	dent insurance agency		ountry to be carried out in state of Florida)
•	•		- 
9. Name and stree	et address of Florida registered agent:	(P.0	O. Box NOT acceptable)
Name:	John D. Hatch, Esqu	uire	CRE SEP
Office Address:	1267 Berkshire Lane	∋,	Suite 200 Sáir 📁
	Tarpon Springs		24000 50
	Tarpon Springs (City)		, Florida 34688 (Zip code)
10 Domintoured a	gg=43		<u> </u>
	gent's acceptance: ted as registered agent and to accept	servi	ice of process for the above stated corporation at the pla
			ment as registered agent and agree to act in this capacit

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.

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 a	and/or directors:
A. DIRECTORS	ALEGEN 2
Chairman:	3/1:00
Address:	11/2 1/2 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vice Chairman:	7
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: SEE ATTACHED LIS	ST Commence of the Commence of
Address:	
Vice President:	
Address:	
ecretary:	
ddress:	
reasurer:	
Address:	
radices.	
NOTE: If hecessary, you may attach an adden-	dum to the application listing additional officers and/or directors.
3	
/ (Signature of Director or	Officer listed in number 12 of the application)
4. Mark C. Chibbaro, Presider	

AUGEO AFFINITY INSURANCE SERVICES, INC. STOCKHOLDERS / MEMBERS

Augeo Affinity Marketing, Inc. 100% Stockholder 2561 Territorial Road St. Paul, MN 55114

David A. Kristal Chairman 1953 Summit Avenue St. Paul, MN 55105

Tim R. Miller Exec. V.P. / Secretary 4601 East Lariat Lane Phoenix, AZ 85050 Mark C. Chibbaro President / CEO 8 Park Lake Drive North Brunswick, NJ 08902

Douglas E. Gahagan Treasurer / COO 95 Worth Street, Apt. #8E New York, NY 10013

# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUGEO AFFINITY INSURANCE SERVICES, 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 TWENTIETH DAY OF AUGUST, A.D. 2008.

FILED

2008 SEP -2 P 4: 48

SECRETARY OF STATE
TALLAHASSEE FI ORIDA

**4563648** 8300

080868890

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6804415

DATE: 08-20-08

You may verify this certificate online at corp.delaware.gov/authver.shtml