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2008 SEP -3 P 4: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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2008 SEP -3 P 4: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Indemnus Corporation
(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:

Chad Davis
(Name of Person)
Indemnus Corporation
(Firm/Company)
2900 100th St. Ste 106
(Address)
Urbandale, IA 50322
(City/State and Zip code)

For further information concerning this matter, please call:

Melissa Varangkarnh at (515) 274-1111 ext. 706
(Name of Person) (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

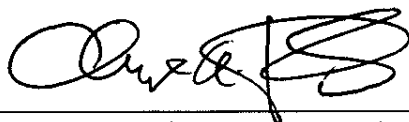
Enclosed is a check for the following amount:

- ☒ \$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. Indemnus Corporation
(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. Iowa 3. 510447032
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/25/03 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2900 100th St. Ste 106 Urbankale, IA 50322
(Principal office address)
2900 100th St. Ste 106 Urbankale, IA 50322
(Current mailing address)
8. Sell & Service Property & Casualty/Personal Line Insurance
(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: ~~XXXXXXXXXX~~ Chad Davis
Office Address: 1430 Palm Bay Rd, NE
Palm Bay, Florida 32905
(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.



(Registered agent's signature)

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. DIRECTORS

Chairman: Chad A. Davis

Address: 14101 Buena Vista Dr.
Urbandale IA 50323

Vice Chairman: Ryan J. Davis

Address: 8900 Long Meadow Dr.
Johnston IA 50131

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Chad A. Davis

Address: 14101 Buena Vista Dr.
Urbandale IA 50323

Vice President: Ryan J. Davis

Address: 8900 Long Meadow Dr.
Johnston IA 50131

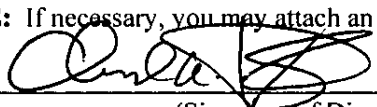
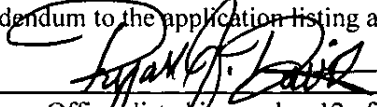
Secretary: _____

Address: _____

Treasurer: _____

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. Chad A. Davis Ryan J. Davis
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date: 08/07/2008

SECRETARY OF STATE

490 DP-000276476
INDEMNUS CORPORATION
ATTN: CHAD A DAVIS
2900 100TH ST.
STE. 106
URBANDALE, IA 50322

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

Name: INDEMNUS CORPORATION
Date of Incorporation: 02/25/2003
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE



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