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COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJ	ECT: TradeStar Insurance	Agency, Inc.
		corporation - must include suffix
Dear S	ir or Madam:	
"Certif		oration for Authorization to Transact Business in Florida," bmitted to register the above referenced foreign corporation to
Please	return all correspondence concerning	this matter to the following:
	Na	ancy M. Sympson
		Name of Person
	TradeSta	r Insurance Agency, Inc.
		Firm/Company
	1900 St.	James Place, Suite 120
		Address
	Hou	uston, Texas 77056
	(City/State and Zip code
	nancy.sy	mpson@stockcross.com
	E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matt	ter, please call:
Nanc	y Sympson at	713 350-3700 x3070
	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
Enclos	ed is a check for the following amour	nt:
√ \$70	0.00 Filing Fee \$78.75 Filing Fe Certificate of S	

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. TradeStar I	TradeStar Insurance Agency, Inc.				
(Enter name of countries," "Co.," "Co.," "Co.,"	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp," "Inc," "Co," or "Corp.")				
(If name unavail	lable in Florida, enter alternate corporate name adopted for the purpose of transacting bus	iness in Florida)			
2. Texas	3. 76-0484483				
-·	tate or country under the law of which it is incorporated) (FEI number, if applicable)				
_{4.} 11/95	_{5.} Perpetual				
	(Duration: Year corp. will cease to exist	or "perpetual")			
_{6.} NA					
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
_{7.} 1900 St. Jam	nes Place, Suite 120 HOUSTON, TEXAS 77056				
	(Principal office address)				
same as abo	ve				
	(Current mailing address)				
Sales of Re	tail Insurance Products	09 J			
(Purpose(s	s) of corporation authorized in home state or country to be carried out in state of Florida)	H. J			
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	30 30 388			
Name:	Stockcross Financial Services, Inc. Att: HENRY CORTES	AHI CF S			
Office Address:	195 International Parkway #311	I: 02			
	Lake Mary , Florida 32746				
	(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.

Henry Carlos
Segistered 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: Address: Vice Chairman: Address: Director: James Antosh c/o Stockcross Financial Services, Inc. Address: 9464 Wilshire Blvd. Beverly Hills, CA 90212 Director: John M Gebbia c/o Stockcross Financial Services, Inc. Address: 9464 Wilshire Blvd. Beverly Hills, CA 90212 **B. OFFICERS** President: Nancy M. Sympson Address: 1900 St. James Place, Suite 120 Houston, Texas 77056 Vice President: James Antosh c/o Stockcross Financial Services, Inc. Address: 9464 Wilshire Blvd. Beverly Hills, CA 90212 Secretary: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Nancy M. Sympson, President, TradeStar Insurance Agency

(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for TRADESTAR INSURANCE AGENCY, INC. (file number 137583800), a Domestic For-Profit Corporation, was filed in this office on November 01, 1995.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 17, 2009.



Hope Andrade Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 262330970003