F0900003769

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE
TALLAHASSEF FLORING

EP9/23/09

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Special 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," or "Certificate of Good Standing" 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:			
Special Tosurance Services Inc.			
10509 Winderest Drive, Suite 200			
Ylano Tx. 75024			
City/State and Zip code Kputnant Specialing. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Karla Putnane at (2/4) 291-1258 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 \$\times \times \tim			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STATU REIGN CORPORATION TO TRANSACT BUSIN	FSS IN THE STATE OF FLORIDA O		
	corporation; must include "INCORPORATED," "CO	Dervices Inc. Es &		
(If name unavail	able in Florida, enter alternate corporate name adopte	if for the purpose of transacting business in Florida)		
	<u>る</u> 3	75-2193089		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4	5 11 (s. 11)	repetual"		
(Date	of incorporation) (Dara 1	tion: Year corp. will cease to exist or "perpetual")		
(Date first transacted business in Florida, if prior to registration)				
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
1. 6509 Winderest Sr. Ste 200 flano Tx. 75024 (Principal office address) 6509 Winderest Sr. Ste. 200 Plano Tx. 75024				
(Principal office address)				
6509 Winderest Dr. Ste. 200 + Ino 1x. 75024				
	(Current mailing address)	,		
8. Insus (Purpose(s	of corporation authorized in home state or country to	be carried out in state of Florida)		
9. Name and stree	et address of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Corporate Creations Netwo	rk Inc.		
Office Address:	11380 Prosperity Farms Ro	ad #221E		
	Palm Beach Gardens	Florida 33410		
	(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				

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)

Valerie Hawk, Special Secretary

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: Address: Director: B. OFFICERS Address: 5 Vice President: Address: Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director of Officer listed in number 12 of the application) Typed or printed name and capacity of person signing application) 14.

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



Hope Andrade Secretary of State

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 SPECIAL INSURANCE SERVICES, INC. (file number 104889000), a Domestic For-Profit Corporation, was filed in this office on December 07, 1987.

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 September 15, 2009.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Hope Andrade Secretary of State

Fax: (512) 463-5709 TID: 10264