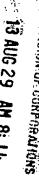
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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IOR SCRUICE COMPART
ACCOUNT NO. : 12000000195
REFERENCE : 781742 4612384
AUTHORIZATION: "College
COST LIMIT : \$ 70.00
ORDER DATE : August 29, 2013
ORDER TIME : 11:59 AM
ORDER NO. : 781742-005
CUSTOMER NO: 4612384
FOREIGN FILINGS
NAME: ASPERA INSURANCE SERVICES, INC.
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER:

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.

(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Virginia	,	46-3480997
	under the law of which it is incorporated)	(FEI number, if applicable)
August 22, 2013 5.		Perpetual
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
. 6802 Paragon P	lace Suite 350 Richmond, VA 23230	<u> </u>
	(Principal office add	ress)
6802 Paragon F	Place Suite 350 Richmond, VA 23230)
Insurance brok (Purpose(s)	erage of corporation authorized in home state or co	ountry to be carried out in state of Florida)
	t address of Florida registered agent: (P.0	O. Box. NOT acceptable)
	Corporation Service Company	<u></u>
Name: Office Address:	1201 Hays Street	
	Tallahassee	, Florida
	(City)	(Zip code)

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 Michael P. Kehoe Chairman: 6802 Paragon Place Suite 350 Richmond, VA 23230 Vice Chairman: Edward Desch 6802 Paragon Place Suite 350 Richmond, VA 23230 Brian Haney Director: 6802 Paragon Place Suite 350 Richmond, VA 23230 Address: Director: Address: **B. OFFICERS** Michael P. Kehoe President: Richmond, VA 23230 6802 Paragon Place Suite 350 Address: Edward Desch Vice President: 6802 Paragon Place Suite 350 Richmond, VA 23230 Address: Bryan Petrucelli Secretary: 6802 Paragon Place Suite 350 Richmond, VA 23230 **Edward Desch** Treasurer: 6802 Paragon Place Suite 350 Richmond, VA 23230 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael P. Kehoe, President and CEO

Commonwealth & Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Aspera Insurance Services, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is August 22, 2013;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

DIVISION OF CORPORATIONS
TO AUG 29 AM 8: 15



Signed and Sealed at Richmond on this Date: August 26, 2013

Joel H. Peck, Clerk of the Commission