



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

BILL WOODYARD
President

June 6, 2014

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify **Insurance Applications Group, LLC** to transact business in your state.

I trust this letter and the enclosed documents place them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

RECEIVED

JUN 19 2014

BRENDA ANTHONY
1501 N UNIVERSITY SUITE 550
LITTLE ROCK, AR 72207-5271

CLB, INC.

SUBJECT: INSURANCE APPLICATIONS GROUP, INC.
Ref. Number: W14000036377

14 JUL 14 PM 2:28
RECEIVED
J.D.
TALLAHASSEE, FL 32310

We have received your document for INSURANCE APPLICATIONS GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 414A00012668

7/9/14 - please see attached letter and resubmit for processing if acceptable.

*B Anthony
(501) 664-8014*

**Insurance Applications Group, LLC
104 West Queen Ann Road
Greenville, SC 29615**

June 19, 2014

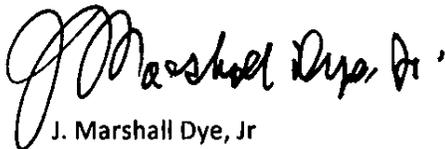
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

This letter is to inform you that Insurance Applications Group, LLC (Doc. No. M04000004062), a foreign limited liability company which was administratively dissolved on 09/23/2013, has no intention of reinstating their authority and releases their name for use by Insurance Applications Group, Inc.

If you have any questions or concerns, please do not hesitate to contact Brenda Anthony - Central Licensing Bureau at (501) 664-8044 or via email at corpqual@centrallicensingbureau.com.

Sincerely,



J. Marshall Dye, Jr
Managing Member
Insurance Applications Group, LLC

JD/bsa

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. Insurance Applications Group, Inc.
 (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. South Carolina 3. 56-1117048
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/25/2001 5. Perpetual
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 250 Commonwealth Drive, Suite 107, Greenville, SC 29615
 (Principal office address)

250 Commonwealth Drive, Suite 107, Greenville, SC 29615
 (Current mailing address)

8. The business of insurance functioning as a non-resident insurance agency.
 (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: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (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.

Janet Lybrand, Assistant Secretary

By: Janet Lybrand
 (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.

FILED
 14 JUL 14 PM 3:32
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jasper M. Dye, Jr.

Address: 250 Commonwealth Drive, Suite 107
Greenville, SC 29615

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Jasper M. Dye III

Address: 250 Commonwealth Drive, Suite 107
Greenville, SC 29615

Vice President:

Address:

Secretary:

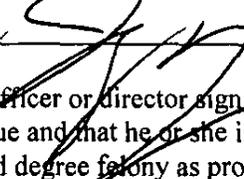
Address:

Treasurer:

Address:

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

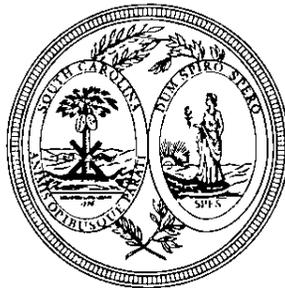
13.  _____
Signature of Director or Officer

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.

14. Jasper M. Dye III, President

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

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

INSURANCE APPLICATIONS GROUP, INC.,
a corporation duly organized under the laws of the State of South Carolina on December 1st, 2012, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 31st day of May, 2014.

14 JUL 14 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Mark Hammond, Secretary of State