

Division of Corporations

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F15000004247

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

InsureLinx, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SEP 25 2015
J. HARRIS

09/24/2015 15:50
850-617-6381

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September 24, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations
CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: INSURELINX, INC.
REF: W15000063486

FILED
2015 SEP 24 PM 4:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P07000125761.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000228663
Letter Number: 215A00020141

RECEIVED
15 SEP 24 PM 5:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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. InsureLink, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware
(State or country under the law of which it is incorporated)
3. 45-0580791
(FEI number, if applicable)
4. September 18, 2015
(Date of incorporation)
5. _____
(Date of duration, if other than 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. 711 S. Osprey Avenue, Suite 2, Sarasota, FL 34277
(Principal office address)
P.O. Box 25897, Sarasota, FL 34277
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Corporate Creations Network, Inc.
Office Address: 11380 Prosperity Farms Road #221E
Palm Beach Gardens, Florida 33410
(City) (Zip code)

9. 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.



Lauren Vadney, Special Secretary

(Registered agent's signature)

10. 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.

2015 SEP 24 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Steven M. Mariano
401 East Las Olas Boulevard, Suite 1650
 Address: Fort Lauderdale, FL 33301

Vice Chairman: _____
 Address: _____

Director: Christopher Pizzo
401 East Las Olas Boulevard, Suite 1650
 Address: Fort Lauderdale, FL 33301

Director: Judith L. Haddad
401 East Las Olas Boulevard, Suite 1650
 Address: Fort Lauderdale, FL 33301

B. OFFICERS

President: Judith L. Haddad
401 East Las Olas Boulevard, Suite 1650
 Address: Fort Lauderdale, FL 33301

Vice President: Forrest J. Harris
711 S. Osprey Avenue, Suite 2
 Address: Sarasota, FL 34277

Secretary: Elizabeth M. Henson
401 East Las Olas Boulevard, Suite 1650, Fort Lauderdale, FL 33301
 Address: _____

Treasurer: Elvis Rivera
401 East Las Olas Boulevard, Suite 1650, Fort Lauderdale, FL 33301
 Address: _____

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

12. _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Elizabeth M. Henson
 (Typed or printed name and capacity of person signing application)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ADDITIONAL OFFICERS:

Steven M. Mariano, Chief Executive Officer

Kimberly Davis, Vice-President and Assistant Secretary

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SECRETARY OF STATE
TALCAHASSIEFF LONDON

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INSURELINX, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2015.



5827858 8300

SR# 20150185914

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 10102723

Date: 09-21-15