

F98000002244

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Insurance Advocates, 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", 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:

C. Mitchell Hart
(Name of Person)

Insurance Advocates, Inc.
(Firm/Company)

9757 NE Juanita Dr. #200
(Address)

Kirkland, WA 98034
(City/State/Zip)

FILED
98 APR 20 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

200002494172--4
-04/20/98--01120--003
*****70.00 *****70.00

C. Mitchell Hart at (425) 821-0777
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

4/20/98

**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 Advocates, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Washington State 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/15/93 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 9757 NE Juanita Dr. #200 Kirkland, WA 98034

(Current mailing address)

8. Any and all lawful Business
(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 or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

See attached

(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
98 APR 20 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA

98 APR 20 AM 9:07

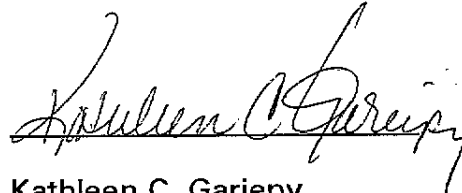
CONSENT TO SERVE AS REGISTERED AGENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM having been designated to act as registered agent
hereby agrees to act in this capacity for the following corporation:

Insurance Advocates, Inc.

C T CORPORATION SYSTEM

Date: April 13, 1998

A handwritten signature in cursive script, appearing to read 'Kathleen C. Gariepy', written over a horizontal line.

Kathleen C. Gariepy
Assistant Secretary

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: C. Mitchell Hart

Address: 9757 NE Juanita Dr. #200
Kirkland, WA 98034

Vice Chairman: Sean Hart

Address: 21021 Devonshire St. #203
Chatsworth, CA 91311

Director: Lisa Hart

Address: 9757 NE Juanita Dr. #200
Kirkland, WA 98034

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: C. Mitchell Hart

Address: 9757 NE Juanita Dr. #200
Kirkland, WA 98034

Vice President: Sean Hart

Address: 21021 Devonshire St. #203
Chatsworth, CA 91311

Secretary: Lisa Hart

Address: 9757 NE Juanita Dr. #200
Kirkland, WA 98034

Treasurer: _____

Address: _____

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

13.  President

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. C. Mitchell Hart President

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

FILED
98 APR 20 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE of WASHINGTON



SECRETARY of STATE

FILED
98 APR 20 AM 9
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

INSURANCE ADVOCATES, INC.


I FURTHER CERTIFY that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on October 15, 1993.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.



Date: March 10, 1998

*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*


SMoss **RALPH MUNRO**
Ralph Munro, Secretary of State