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CR2E031 (1-89)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Trans of the	oreign limited liability company)
	• • • • • • • • • • • • • • • • • • • •
California     (Jurisdiction under the law of which foreign limited liab commany is organized)	3. <u>95 462 6880</u>
company is organized)	bility (FEI number, if applicable)
4. 4/8/97	5 хичник 2027
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. January 1, 2000	
(Date first transacted business in Florida	a. (See sections 608.501, 608.502, and 817.155, F.S.)
7. <u>751 Daily Dr., Suite 300</u>	- CERT NAME
Camarillo, California 93010	
(Street ac	ddress of principal office)
3. If limited liability company is a manager-man	
<ol> <li>The usual business addresses of the managing Stanley Braun, Manager</li> <li>751 Daily Dr., Suite 300.</li> </ol>	members of managers are as follows.
Camarillo, California 93010	STATE STATE
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O. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A phoranslation of the certificate under each of the translator must be.  1. Nature of business or purposes to be conduct insurance underwriting services for Signature of a member or a (In accordance with section 608.408).	nan 90 days old, duly authenticated by the official having custody of reconcept is not acceptable. If the certificate is in a foreign language, a se submitted.)  Ed or promoted in Florida: Workers' Compensation  Insurance brokers  an authorized representative of a member.  3(3), F.S., the execution of this document constitutes
O. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A phoranslation of the certificate under each of the translator must be.  1. Nature of business or purposes to be conduct insurance underwriting services for Signature of a member or a (In accordance with section 608.408).	nan 90 days old, duly authenticated by the official having custody of recontropy is not acceptable. If the certificate is in a foreign language, a see submitted.)  Morkers' Compensation  Ansurance brokers  In authorized representative of a member.  3(3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Insurance Services of America, LLC		
2. The name and the Florida street a	ddress of the registered agent and office are	三 一 デ
C T Corporation System		SSEE S
	(Name)	FLIS IS
c/o C T Corporation Syst	em, 1200 South Pine Island Road	ARIDE SALES
Florida str	reet address (P.O. Box NOT ACCEPTABLE)	
Plantation	<b>FL</b> 33324	
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

CT Corporation System

White States Solve Asst. Sec.

(Signature)

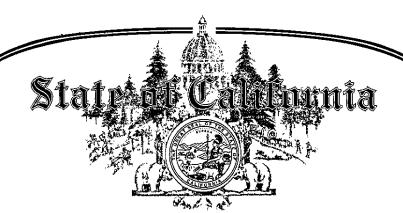
Asst. Sec.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



**SECRETARY OF STATE** 

## CERTIFICATE OF STATUS CALIFORNIA LIMITED LIABILITY COMPANY

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 8TH day of APRIL, 1997, INSURANCE SERVICES OF AMERICA, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That no record exists in this office of a certificate of cancellation of said limited liability company nor of a court declaring cancellation thereof; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this 28TH day of December, 1999.

BILL JONES Secretary of State