

M00000001720



ACCOUNT NO. : 072100000032
REFERENCE : 809169 4320171
AUTHORIZATION : *Patricia Piguto*
COST LIMIT : \$ 125.00

FILED
00 AUG 28 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 23, 2000
ORDER TIME : 10:45 AM
ORDER NO. : 809169-045
CUSTOMER NO: 4320171

900003374339--5

CUSTOMER: Ms. Elizabeth M. Tuck
American International Group,
70 Pine Street
30th Floor
New York, NY 10270

M00-1720

Name	<i>[Signature]</i>
Available	<i>[Signature]</i>
Exam	<i>[Signature]</i>
Ver	<i>[Signature]</i>
Verify	<i>[Signature]</i>
Acknowledgment	<i>[Signature]</i>
W. P. Verifier	<i>[Signature]</i>

FOREIGN FILINGS

NAME: CHAMBERBIZ INSURANCE AGENCY SERVICES, LCC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

RECEIVED
00 AUG 28 AM 11:25
TALLAHASSEE, FLORIDA

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

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

1. Chamberbiz Insurance Agency Services, LLC
(Name of foreign limited liability company)

2. Delaware 3. 22-3746022
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 4, 2000 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 501 Carr Road
Wilmington, Delaware 19809
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
AIG CVJ, Inc., 70 Pine Street, New York, New York 10270

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: See Rider A

Elizabeth M. Tuck
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Elizabeth M. Tuck, Secretary
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Rider A

To do any and all things which may be legal under the limited liability company law of the state of Delaware, including, but not limited to the business of an insurance agent and/or broker. The Company will not engage in any regulated act or activity until it has received the appropriate license.

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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:

Chamberbiz Insurance Agency Services, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company
(Name)

1201 Hays Street
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee FL 32301
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..


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHAMBERBIZ INSURANCE AGENCY SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0636368

DATE: 08-24-00