



MO00000001881

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

9/15/00



CERTIFIED COPY

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FILING

Foreign

1.) The Vision Insurance Group, LLC
(CORPORATE NAME & DOCUMENT #)

800003394588--4
-09/15/00--01052--001
***130.00 ***130.00

2.)
(CORPORATE NAME & DOCUMENT #)

800003394588--4
-09/15/00--01052--002
***1050.00 ***1050.00

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

RECEIVED
00 SEP 15 AM 9:52
TALLAHASSEE, FL 32303
SECRETARY OF STATE
00 SEP 15 PM 1:48

FILED

APPROVED

SPECIAL INSTRUCTIONS

UB
9-15-00

**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. The Vision Insurance Group, LLC
(Name of foreign limited liability company)

2. Tennessee 3. 62-1720361
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/28/97 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 5/1/99
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 215 Centerview Drive, Suite 300
Brentwood, TN 37027
(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:

John C. Russell, 215 Centerview Drive, Suite 300, Brentwood, TN 37027

Michael J. Tucker, 215 Centerview Drive, Suite 300, Brentwood, TN 37027

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: Managing general
insurance agency representing multiple insurance carriers

John C. Russell
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.)

John C. Russell, President
Typed or printed name of signee

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

The Vision Insurance Group, LLC

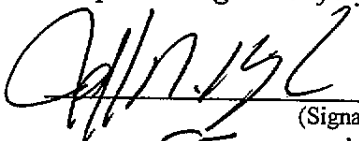
2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.
(Name)

526 East Park Avenue
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) Special Asst. Sec.
J. F. M. Higdon

| | |
|-----------|----------------------------------|
| \$ 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

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 09/11/2000
REQUEST NUMBER: 00255519
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/28/1997
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0339788
JURISDICTION: TENNESSEE

TO:
SHERRARD & ROE
424 CHURCH STREET
SUITE 2000
NASHVILLE, TN 37219

REQUESTED BY:
SHERRARD & ROE
424 CHURCH STREET
SUITE 2000
NASHVILLE, TN 37219

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"THE VISION INSURANCE GROUP, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/11/00

FROM:
SHERRARD & ROE (424 CHURCH ST.)
424 CHURCH STREET
SUITE 2000
NASHVILLE, TN 37219-0000

RECEIVED: FEES \$60.00 \$0.00
TOTAL PAYMENT RECEIVED: \$60.00

RECEIPT NUMBER: 00002737042
ACCOUNT NUMBER: 00092398

00 SEP 15 PM 1:48

APPROVED
AND
FILED

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

