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CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 12 / 5

900003487989--1
-12/05/00--01077--008
*****125.00 *****125.00

Corporation(s) Name

900003487989--1
-12/05/00--01077--008
*****30.00 *****30.00

Newport General Insurance Agency, LLC

☐ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign
☒ LLC

☐ Dissolution
☐ Withdrawal

☐ Mark

☐ Limited Partnership
☐ Reinstatement
☐ UCC ☐ 1 or ☐ 3

☐ UBR
☐ Fictitious Name

☐ Other
☐ Ch. RA

***Special Instructions**

☒ Certified Copy

☐ Photocopies

☐ CUS

☐ arts/ameds/mergers ☐ Other-See Above

☒ Walk in

☒ Pick-up

☐ Will Wait

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 DEC -5 AM 11:18

RECEIVED

Please Return Filed Stamped
Copies To:

Jeffrey Butterfield

Thank You!

JB
12-5-00

ARTICLE
AND
FILED

00 DEC -5 PM 2:01
SECRETARY OF STATE
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. NEWPORT GENERAL INSURANCE AGENCY, LLC
(Name of foreign limited liability company)
2. California 3. 95-4796621
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. March 24, 2000 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon registration.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 22632 Golden Springs Road, Suite 300, Diamond Bar, CA 91765
(Street address of principal office)

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

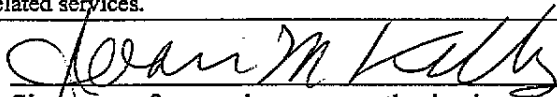
9. The usual business addresses of the managing members or managers are as follows:

22632 Golden Spring Road, Suite 300, Diamond Bar, CA 91765

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: _____

Insurance Sales and related services.



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.)

Joan M. Kelly

Typed or printed name of signee

00 DEC -5 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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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:

NEWPORT GENERAL INSURANCE AGENCY, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 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..

C T Corporation System

TARA COFER
Special Assistant Secretary

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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State of California



SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

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

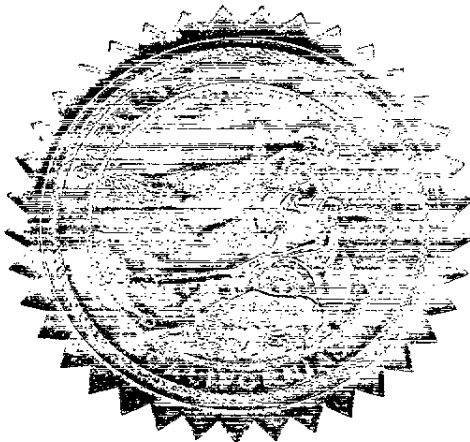
That on the 24TH day of MARCH, 2000, NEWPORT GENERAL INSURANCE AGENCY, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

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
30TH day of NOVEMBER 2000.



BILL JONES
Secretary of State

Bill Jones

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

APPROVED