	## St. State 108 Address ## 30771 Phone ## #07-330-5900	C 12 PM 1: 24 Office Use Only	
CORPORATION NA	ME(S) & DOCUMENT NUMBE	3000035059333 -12/19/0001063006	
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NEWITHINGS	AMENDMENTS		
Profit	Amendment Designation of P. A. Officer/Director		
NonProfit	Resignation of R.A., Officer/ Director Change of Registered Agent	FF \$ 125,00 W870e/357	
Limited Liability	Dissolution/Withdrawal		
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OTHERSIEINGS	REGISTRATION/	Document ()	
Annual Report	QUALIFICATION	Examiner U.S.	
Fictitious Name	Foreign	Updater Do DA	
Name Reservation	Limited Partnership	U,xdater Verifyer	
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•		Examiner's Initials	1

CR2E031(1/95)

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:

1.	Landmark Risk Solutions LLC	
	, (Name of foreign limited liability company)	•
/ 2.	Jelaware 3 59-3600205	
(Velaware 3. 59-3600205 (FEI number, if applicable)	<u>≅</u> ≤«
	June 30 1000 5 Peratual	333
4.	June 30, 1999 (Date of Organization) 5. Peretual (Duration: Year limited liability company will cease to	ZE
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual"))F CSY
6.	Up Gualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	Y OF STATE CORPORATIONS
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	Ã.Z.
7.	1209 Orange Street, city of Wilmington,	<u>S</u> m
	county of New Castle, Delaware 19801 (Street address of principal office)	-
8.	imited liability company is a manager-managed company, check here	
9	e name and usual business addresses of the managing members or managers are as follows:	
٠.		
	Robert D. Barson, 105 E. TSt. Seite 102, Sanford F	7
		_ 3771
	· · · · · · · · · · · · · · · · · · ·	
		* = 1
thej	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cust ody of reco ediction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign I anguage, a ion of the certificate under oath of the translator must be submitted.)	ords in
11.	ature of business or purposes to be conducted or promoted in Florida:	
	Claims Consulting	
-	Claims Consulting	_
	x Motor	
	Signature of a member or an authorized representative of a member.	į
	(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.) Robert Barson	

Typed or printed name of signee

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 t	ne Limitea L	hability Col	npany is:			
Land	marK	Risk	Solution	5		10 00 HO 00 00 00 00 00 00 00 00 00 00 00 00 00
2. The name and	the Florida	street addre	ss of the registere	ed agent and office a	e:	SION OF G
	7	?obert	Barson (Name)			22. 5
	165 E	as+ s+	Street S address (P.O. Box 1	NOT ACCEPTABLE)	 • .	M 1: 24
	San	ford	FL City/State/7	32771		
-	San	tord_	FL City/State/Z		<u></u>	

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)

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 "LANDMARK RISK SOLUTIONS 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 TWENTIETH DAY OF NOVEMBER, A.D.
2000.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0805504

DATE: 11-20-00

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