M01000001200

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip) (Phone #)

OFFICE USE ONLY

300004334223--4
-05/30/01--01047--012
****130.00 ****130.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Disability Insurance Specialists ~~Inc~~. LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

[X] Walk in [X] Pick up time 5/30 [ ] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [X] Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
X	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

WD1-12213

FILED
01 MAY 30 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 30 AM 9:23
APPROVED
AND
FILED

DIVISION OF CORPORATION

Examiner's Initials

5-31-01

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 30, 2001

CAPITOL SERVICES

,

SUBJECT: DISABILITY INSURANCE SPECIALISTS, LLC
Ref. Number: W01000012213

We have received your document for DISABILITY INSURANCE SPECIALISTS, LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following:

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of $1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 301A00032866

APPROVED
AND
FILED
01 MAY 30 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Disability Insurance Specialists, LLC
(Name of foreign limited liability company)

2. Connecticut
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 06-1466211
(FEI number, if applicable)

4. November 4, 1996
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Have not yet transacted business in Florida.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 1297A Blue Hills Avenue
Bloomfield, CT 06002
(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:

William J. Bossi, Jr. 1297A Blue Hills Ave., Bloomfield, CT 06002

Arthur J. Verney 1297A Blue Hills Ave., Bloomfield, CT 06002

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: To provide actuarial, underwriting, and claims management services to client insurers with respect to residents of Florida and nationwide.

FILED
01 MAY 31 AM 9:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED AND FILED

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.)

William J. Bossi, Jr.
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 the Limited Liability Company is:

Disability Insurance Specialists, LLC

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

Paralegal & Attorney Service Bureau, Inc.
(Name)

1406 Hays Street, Suite 2
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) Kathleen J. Hill, Pres

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

APPROVED AND FILED
01 MAY 30 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

61-66
Rev. 2/94

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

DISABILITY INSURANCE SPECIALISTS, LLC

organized under the laws of Connecticut as a Limited Liability Company, was filed in this office on November 4, 1996 and is in existence as of the date of this certificate.

Susan Bysiewicz

Secretary of the State

Date Issued: April 9, 2001

APPROVED AND FILED
01 MAY 30 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA