

M01000001518

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied Solutions, LLC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Darlene Tweeten
(Name of Person)
Allied Solutions, LLC
(Firm/Company)
2805 North Dallas Parkway, 3rd floor
(Address)
Plano, TX 75093
(City/State and Zip code)

100004457051
-07/02/01--01132--013
****130.00 ****130.00

For further information concerning this matter, please call:

Darlene Tweeten at (469) 467-0897
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL - 2 PM 2:06

FILED

STREET ADDRESS:

Registration Section
Name Division of Corporations
Availability 409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

~~\$70.00~~ *130.00
 \$78.75 Filing Fee &
Certificate of Status &
Designation of
Registered Agent

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

Name	Division of Corporations
Availability	409 E. Gaines St. Tallahassee, FL 32399
Document Examiner	Enclosed is a check for the following amount:
Updater	<input type="checkbox"/> \$70.00 Filing Fee
Updater Verifier	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status & Designation of Registered Agent
Acknowledgement	DCC
W. P. Verifier	DCC

M01000001518

1 Page

**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 TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Allied Solutions, LLC
(Name of foreign limited liability company)
2. Indiana 3. 35-2125376
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. December 18, 2000 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Date After Obtaining A Certificate of Authority
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 11550 North Meridian, Suite 275
Carmel, IN 46032
(Street address of principal office)

FILED
 01 JUL -2 PM 2:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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:

- | | | |
|---------------------------|-----------------------------------|-------------------------|
| <u>Christopher Hilger</u> | <u>11550 N. Meridian, Ste 275</u> | <u>Carmel, IN 46032</u> |
| <u>Pete Hilger</u> | <u>" "</u> | <u>" "</u> |
| <u>Richard Hetzel</u> | <u>2805 N. Dallas Parkway</u> | <u>Plano, TX 75093</u> |
| <u>Robert Liium</u> | <u>" "</u> | <u>" "</u> |

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

Mark Ziegler
 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.)

Mark Ziegler
 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:

Allied Solutions, LLC

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

Michael Hall
(Name)

1359 Summerlin Drive
Florida street address (P.O. Box NOT ACCEPTABLE)

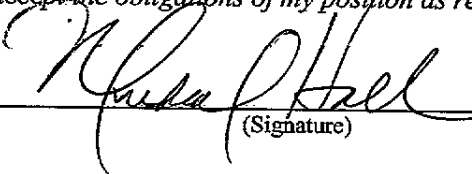
Clearwater FL 33764
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL - 2 PM 2:06

FILED

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 INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

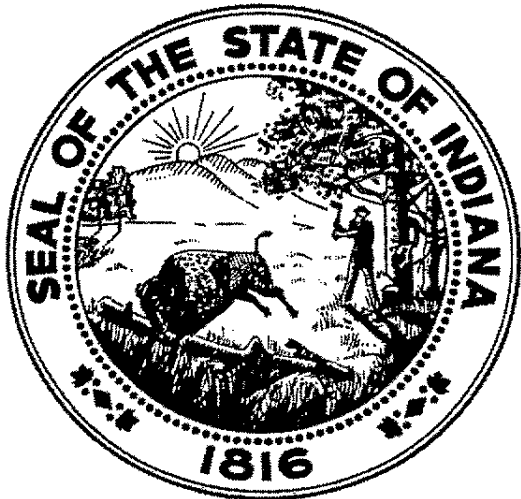
I further certify that records of this office disclose that

ALLIED SOLUTIONS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 18, 2000, and was in existence or authorized to transact business in the State of Indiana on May 23, 2001.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

FILED
01 JUL - 2 11:2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-Fourth Day of May, 2001.

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State