600 Grant Street, Suite 900 Denver, CO 80203 303.291.0222 Voice 303.294.9959 Fax 303.294.0085 Legal Fax

September 19, 2002

VIA FEDEX

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 200007901862--E -10/15/02--01005--011 ******25.00 ******25.00

200007901862--6 -09/20/02--01076--003 *****100.00

W02-27681

AL |

Phone: 850-245-6051

Re: Application for Authority to Transact Business by a Limited Liability Comp

Dear Sir or Madam:

Enclosed please find the following items:

1. Application in duplicate by a Foreign Limited Liability Company for authorization transaction business in Florida, prepared on behalf of Enspire Insurance LLC

2. A Certificate of Good Standing for Enspire Insurance LLC issued by the Secretary of State, State of Delaware.

3. A check in the amount of \$100.00 for the filing fee.

Please file the above referenced items of record and return a file-stamped copy to my attention in the enclosed pre-paid FedEx self-addressed envelope.

Should you have any questions or require additional information in this regard, please contact me directly at (303) 383-7521. Thank you for your assistance in this matter.

Sincerely,

Mary 49u Simanovich

Paralegal

Enclosures



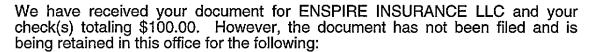
FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 24, 2002

MARY LOU SIMANOVICH ARC, ATTN: LEGAL 600 GRANT STREET STE. 900 DENVER, CO 80203

SUBJECT: ENSPIRE INSURANCE LLC

Ref. Number: W02000027681



The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 202A00054159





Affordable Residential Communities 600 Grant Street, Suite 900 Denver, CO 80203 303.291.0222 Voice 303.294.9959 Fax 303.294.0085 Legal Fax

FILED 3: C

October 2, 2002

VIA FEDEX

Florida Department of State Registration Section Division of Corporations ATTN: Ms. Agnes Lunt 409 E. Gaines Street Tallahassee, FL 32399

Phone: 850-245-6094

Re: W020000276812 (Enspire Insurance LLC) and Filing Fee Check for Designation of Resident Agent

Dear Ms. Lunt:

Enclosed please find the following items:

Your letter requesting correction of filing fee error amount.

A check in the amount of \$25.00 for the Designation of Resident Agent filing fee that was not included in our original filing. You previously received our check for \$100.00 for the application-filing fee.

Please file the above referenced items of record and return a file-stamped copy to my attention in the enclosed pre-paid FedEx self-addressed envelope.

Should you have any questions or require additional information in this regard, please contact me directly at (303) 383-7521. Thank you for your assistance in this matter.

Sincerely,

Mary/Lou Simanovich

Paralegal

Enclosures

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. Enspire Insurance LLC (Name of foreign limited liability company) Delaware Applied for (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 08/29/2002 (Duration: Year limited liability company w (Date of Organization) exist or "perpetual") When authorized. (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. ARC, 600 Grant Street, Suite 900, Denver, CO 80203 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here [x] 9. The name and usual business addresses of the managing members or managers are as follows: Scott D. Jackson, Manager, ARC, 600 Grant Street, Suite 900, Denver, CO 80203 Scott L. Gesell, Organizing Manager, ARC, 600 Grant Street, Suite 900, Denver, CO 80203 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: Provide insurance services Signatur& of a member of 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.)

Typed or printed name of signee

Scott L. Gesell, Organizing Manager

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.

The name of the Limited Liability Company is: Enspire Insurance LLC	RETA LANAS	F1LE 02 0CT 15
2. The name and the Florida street address of the registered agent and	office are:	PM 3: 02
Corporation Service Company		
(Name)		
1201 Hays Street		_
Florida street address (P.O. Box NOT ACCEPTABL	E)	-
Tallahassee FL 323	:01	
(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)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENSPIRE INSURANCE 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2002.

02 OCT 15 PM 3: 02 SECRETARY OF STATE



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1977242

020567428

DATE: 09-11-02

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