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SECRETARY OF STATE
FALLAHASSEE, FLORIDA



Central Licensing Bureau, Inc. 1501 NORTH UNIVERSITY

GENA BRADSHAW, FLMI
Chief Executive Officer

W.H.L. WOODYARD IV Chief Operating/Financial Officer

SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

June 23, 2003

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

Dear Sir/Madam:

Enclosed, please find the necessary documents to qualify SJA Insurance Agency, business in your state.

I trust this letter and the enclosed documents place them in compliance with your state States. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Lauri Stone

Corporate Qualification Division

/ls

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:

SJA Insurance Agenc				-			"±
	(Name of fo	reign limited	l liability compa	iny)			
North Carolina		2 51.	-0448318				
(Jurisdiction under the	law of which foreign limited liab pany is organized)	ility 3. <u>51-</u>	(FEI	number, if app	llicable)		*=:
1/29/2003			erpetual				
(Date of	f Organization)	(I	Duration: Year l ex	limited liability tist or "perpetua		ease to	
Upon Qualification				A #62 1 A.#		·.	: :
(Date i	irst transacted business in Florida	i. (See section	ms 608.501, 608	8.502, and 817.	155, F.S.)	~~	
11111 Carmel Comm	nons Blvd., #307				A SEE	ಪ	
Charlotte, NC 28226	5		, <u>, ,</u>	9	AHAS		
	(Street a	ldress of prin	ncipal office)		883		
If limited liability	company is a manager-man	aged comp	pany, check h	iere 🔲			
The name and usu	al business addresses of the	: managing	g members or	managers ar	e as in lows:	<i>ج</i> . فغ	
					- 2	5	
oyal hroup, Inc. 111	11 Carmel Commons Blvd., #307	, Charlotte,	NC 28226	. 100 lo ou	mer		
C	u Attached						
	2 11.					<u> </u>	
	<u> </u>			<u></u>		. <u> </u>	
_	al certificate of existence, no more	-		•	_	-	
-	r the law of which it is organized	• -			tificate is in a fo	oreign langt	uage,
translation of the	certificate under oath of the	ranslator n	nust be subm	itted.)			
Matrina of husina	ss or purposes to be conduc	tad an mrar	matad in Elan	ida			
. Nature of ousine	ss of harboses to be conduc	ied of brot	nowa m r ioi	iua.		` _ ` 	٠
The business of insur	rangé, functioping as an insuranc	e agency.			<u>-</u>		
1/	SLAS	Ly.	Vie	Presid	24.	_	
V	Signature of a member or (In accordance with section 608.40 an affirmation under the penalties	8(3), F.S., the	e execution of this	s document const			
	Steve Lindsley, Vice Presiden				<u> </u>	• -	
	Typed or p	rinted nam	e of signee				

SJA Insurance Agency, LLC

Steve L. Lindsley	Gwyn W, Fuller	Linda Y. Pettigrew	Joseph H. Mistretta	Paul Brockiebank	Ellen Caldwell	James C. Campbell, Sr.	Joseph H. Vachon, III	Gary R. Garcia	Vincent N. Pugliese	Name
Vice President, Client Services	Treasurer	Secretary	Chief Claim Officer	Chief Underwriting Officer	Chief Financial Officer	President & Chief Operating Officer	Director	Director	Director	Title
7020 Acre Hill Court Charlotte, NC 28277	119 Sonny's Way Fort Mill, SC 29708	14210 Ruddy Court Charlotte, NC 28273	10 Somerset Lane Simsbury, CT 06070	7008 Weddington Brook Drive Weddington, NC 28104	8030 McConnell Road Denver, NC	105 Dogwood Circle Monroe, NC 28110	10204 Shadow Branch Drive Charlotte, NC 28226	10407 Hollybrook Drive Charlotte, NC 28277	117 Founders Road Glastonbury, CT 06033	Home Address
310-56-4943	239-15-8964	243-29-9149	045-30-2022	159-44-6673	243-43-6570	475-54-1560	005-64-2584	068-46-2672	109-44-2958	Social Security Number
11/15/51	9/24/60	6/28/63	5/10/41	10/10/63	3/14/70	4/20/46	12/28/56	10/23/51	5/21/52	Date of Birth
None	None	None	None	None	None	None	None	None	None	% Ownership

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 L	Limited Liability Comp	oany is:				
SJA INSURANCE A	GENCY, LLC					•
2. The name and the	Florida street address	of the registere	ed agent and office are:			
		Ū	9	ŢAL ŢAL	ဥ္သ	
Corporation Service Company						
(Name)						T
				AHASSEI	ယ္	
1201 Hays Street)	Ш
Florida street address (P.O. Box NOT ACCEPTABLE)						Ü
				TATE	ထ ယ	
	Tallahassee	FL	32301		õ	
	(0	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)



State of North Carolina Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Caro A dereby certify that

SJA INSURANCE AGENCY, LLC

is a limited liability company duly formed under the laws of the State of North Casalina, chaving been formed on the 29th day of January, 2003, with its period of duration being Perpetual

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of June, 2003.

Claire I. Marshall

Secretary of State

Certification Number: 6939891-27 Page: 1 of 1 Ref.# 5182705-db