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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

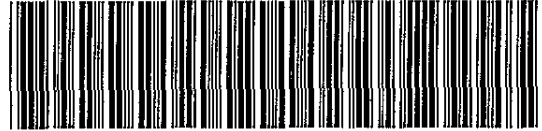
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**PREMIER**  
CORPORATE SERVICES, INC.

208 South LaSalle Street, Suite 1855  
Chicago, IL 60604  
(312) 346-3606 (800) 934-2556  
Fax: (312) 346-3607

FILED  
03 DEC 15 AM 9:29  
STATE  
TALLAHASSEE, FLORIDA

December 10, 2003

**VIA REGULAR MAIL**

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Axiom Insurance Managers Agency, LLC**

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to qualify the above captioned in your state. Also enclosed is a check for the required fee. Please file with your office and return evidence and a filed stamped copy to my attention in the enclosed self addressed stamped envelope.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Mike Donovan

MD/ls  
Encl.

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**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. Axiom Insurance Managers Agency, LLC  
(Name of foreign limited liability company)

2. Illinois 3. 36-4467269  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 20, 2001 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon filing  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 1701 Golf Road, Suite 1112, Rolling Meadows, IL 60008  
(Street address of principal office)

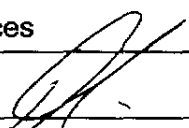
8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Dan Djordjevic, 1701 Golf Road, Suite 1112, Rolling Meadows, IL 60008

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 brokerage services

  
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.)  
Dragan Djordjevic, Manager  
Typed or printed name of signee

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03 DEC 15 AM 9:29

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:

Axiom Insurance Managers Agency, LLC

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

NRAI Service, Inc.

(Name)

526 E. Park Avenue

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.*

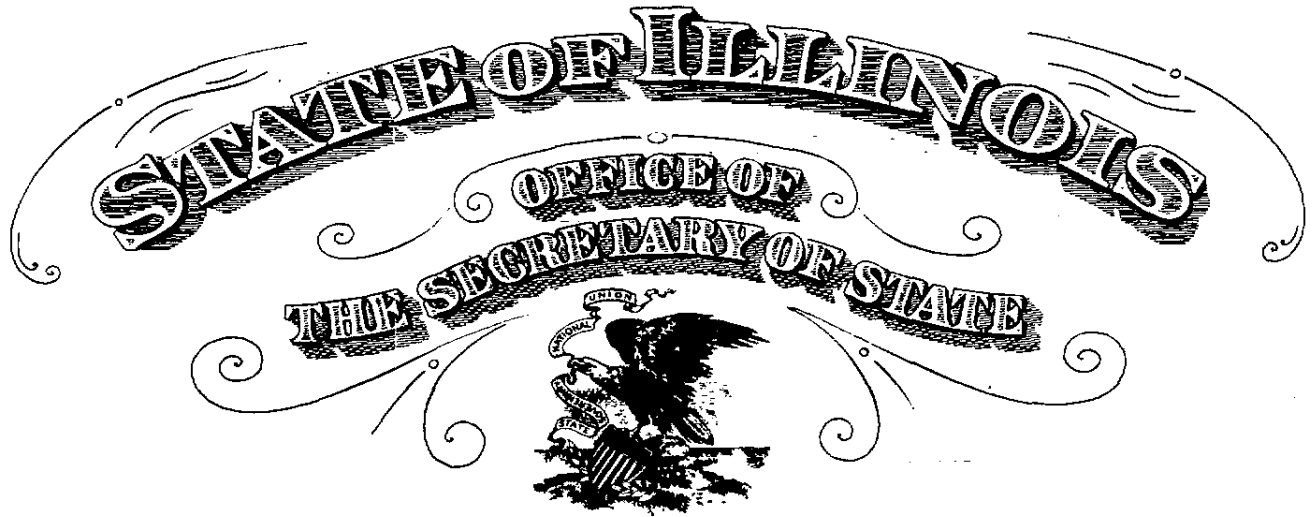
Michael Donovan

(Signature)

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

File Number

0059246-3



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

**AXIOM INSURANCE MANAGERS AGENCY, LLC,  
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 20, 2001,  
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED  
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING  
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT  
BUSINESS IN THE STATE OF ILLINOIS.**



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this***  
24TH  
NOVEMBER 2003  
day of A.D.

*Jesse White*

SECRETARY OF STATE