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(Requestor's Name)

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(City/State/Zip/Phone #)

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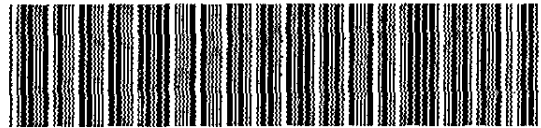
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 17 AM 11:56

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MORRIS, MANNING & MARTIN, LLP  
ATTORNEYS AT LAW

May 14, 2004

M. Suellen Henderson  
404-504-7758  
msh@mmmlaw.com  
www.mmmlaw.com

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Qualification to do Business in the State of Florida for HBW Insurance Services, L.L.C.

Dear Sir or Madam:

In order to effectuate the qualification of our client, HBW Insurance Services, L.L.C. to do business in Florida, attached are the following:

1. Completed and executed application;
2. Original certificate of existence; and
3. A check payable to the Florida Department of State in the amount of \$160.00 to cover your fee for processing the application and designation of registered agent, a Certified Copy and a Certificate of Status.

Please call me if you have any questions regarding this matter. Thank you.

Very truly yours,

M. Suellen Henderson  
for MORRIS, MANNING & MARTIN, LLP

MSH:cmj  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. HBW Insurance Services, L.L.C.  
(Name of foreign limited liability company)

2. Georgia 3. 58-2463847  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 29, 1999 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 4501 Circle 75 Parkway, N.W., Suite F-6200  
Atlanta, Georgia 30339  
(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:

Bruce E. Harrell

4501 Circle 75 Parkway, N.W., Suite F-6200

Atlanta, Georgia 30339

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: any and all lawful  
business not specifically prohibited to profit LLC's under the laws of the state of Florida

M. Suellen Henderson  
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.)  
M. Suellen Henderson

Typed or printed name of signee

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CLERK OF  
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:

HBW Insurance Services, L.L.C.

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

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box NOT ACCEPTABLE)

Tallahassee,

FL 32301

(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*

Evelyn Wright  
(Signature)

Evelyn Wright

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

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

CONTROL NUMBER : K918664  
DATE INC/AUTH/FILED: 04/29/1999  
JURISDICTION : GEORGIA  
PRINT DATE : 05/14/2004  
FORM NUMBER : 211

MORRIS, MANNING & MARTIN  
GIA MADDRY  
1600 ATLANTA FINANCIAL, 3343 PEACHTREE ROAD  
ATLANTA, GA 30326

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

HBW INSURANCE SERVICES, L.L.C.  
A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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*Cathy Cox*

Cathy Cox  
Secretary of State