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FOREIGN LIMITED LIABILITY COMPANY

ELM Insurance Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of foreig	n lim	ited liability company)	
Illinois		3		
(Jurisdiction under t	te law of which foreign limited liability impany is organized)	У	(FEI number, if applicable)	
8/3/2004		5.	Perpetual	
(Date	of Organization)		(Duration: Year limited liability company w exist or "perpetual")	ill cease to
Upon Qualific				
(Dat	e first transacted business in Florida. (S	See se	ections 608.501, 608.502, and 817.155, F.S.)	
619 SW Water	St., Peoria, Illinois 61602			
, -	(Street addin	ess of	principal office)	
If limited liekili	ty company is a manager-managi	-d	annually have to	
ningen namm	'A combana is a manager-manage	ta ce	mipany, eneck nere [_]	
The name and u	sual business addresses of the m	anag	ing members or managers are as follow	vs:
Tag C Graves	, 619 SW Water St., Peoria, Illinois	616	02	
Lee C. CIAVES	, 019 SW Water St., Peoria, Initiois	010	UZ.	
Mark R. Knaa	ck, 619 SW Water St., Peoria, Illino	ois 6	1602	
		-		
) Attached is an origin	nal application of anisteness an engage flow	On de	sys old, duly authenticated by the official having o	
the jurisdiction und	en centrale of experienc, no made game en the law of which it is organized. (A of	NOIOCK	ys out, outy antiemicated by the oriticate is in a force opy is not acceptable. If the certificate is in a force	ankeryorn en innerne
translation of the oc	rtificate under oath of the translator must	besi	bmitted.)	
Nature of heat				i č
i. Naune di dusii	less or purposes to be conducted	or p	Tomoted in Florida:	
Tenniste de Aure-	У			
Insurance Agenc				
msurance Agenc	9768 PG			CND
msmance Agenc	Signature of a member of an	nutho	prized representative of a member.	CNIDA
Insulance Agenc	(In accordance with section 605.405(3)	, F.S.,	the execution of this document constitutes	CNIDA
insurance Agenc	Signature of a member of an (in accordance with section 608.408(3) an affirmation under the penaltics of product of the contraction of the contract of the con	, F.S., cejury	the execution of this document constitutes that the facts stated herein are true.)	CNIDA

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 o	of the Limited Liability Co	ompany is:			
ELM Insuran	ce Services, LLC				
2. The name a	nd the Florida street addr	ess of the re	egistered agent	and office are:	
	Business Filings Incorpo	orated			-
		(Nam	e)		_
	660 East Jefferson Stree	t			
	Florida stree	t address (P.O	. Box <u>NOT</u> acce	PTABLE)	-
	Tallahassee,	FL	32301		_
		(City/State/	/Zip)		-
liability compar registered agen statutes relating	umed as registered agent on at the place designated at and agree to act in this of the proper and complications of my position as the (Signature)	l in this certi capacity. I j lete perform	ificate, I hereby further agree to ance of my duti	accept the appoint comply with the pi es, and I am famili	tment as rovisions of all ar with and
	\$ 100	.00 Filing	g Fee for Appli	ication	

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

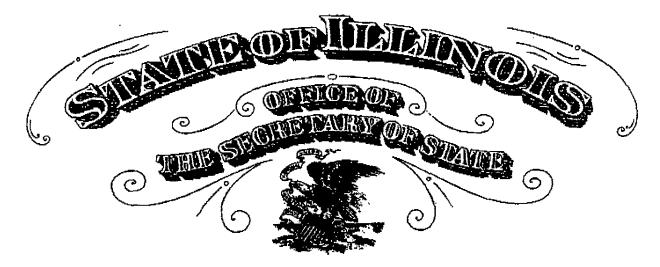
\$ 25.00

\$ 30.00

5.00

File Number

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To all to whom these Presents Shall Come, Greeting:

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

ELM INSURANCE SERVICES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 03, 2004, 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 day of A.D.

Desse White

SECRETARY OF STATE

C-260.2 4/04

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