PAGE 01/02

## Florida Department of State

Division of Corporations Public Access System

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000203083 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926 OS AUG 24 PH 2: 16

## LIMITED LIABILITY AMENDMENT

HOMETOWN AMERICA INSURANCE SERVICES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Markin

Qorporate Filing

Public Assess Help

08/24/2005 14:07 AUG-24-2005 07:37

8508785926 CT CDRP

312 263 0124

P.02

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

	·····
FIRST Hot	The name of the limited liability company is:
SEÇO.	
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
ĸ	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	Item 8 of Application to Transact Business was incorrectly checked to indicate LLC is manager-managed.
	In fact, Hometown America Insurance Services, L.L.C. is member-managed per Sections 3.02 and 6.01 of
	its Limited Liability Company Agreement dated May 13, 2005, and no contrary statement is included in its
	Conflicate of Formation. Item 8 of Application to Transact Business should not be checked.
	OR
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	Signature of a member or authorized representative of a member
	, ()
	Nancy Nagel, authorized representative  Typed or printed name of signee
	* 1 have or bringer marke of arkine
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E062(3/00)

PAGE 02/05

312 263 0124 727.02

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

IN COMPLIANCE WITH SECTION SOCIES, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORTICIVE LIMITED TIMES IN THE STATE OF FLORIDA.

	ATTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;
I.	Hometown America Instrumes Services, L.L.C. (Name of Foreign Limited Liability Company)
2.	Delaware
	Jurisdiction under the law of which foreign limited liability (FM number, if applicable) impany is organized)
4.	May 18, 2005 5. Perpetual
	(Date of Organization) (Ouration: Year limited liability company will come to exist or "perpensal")
6	N/A PC ST
•	(Date first transacted business in Florida, if prior to registration.) (See sections 508.50) & 608.502 F.S. to determine penalty liability)
7.	150 N. Wacker Drive, Suite 2800
	Chicago. IL 60606
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here is
9.	The name and usual business addresses of the managing members or managers are as follows:
	Hometown America, L.L.C.
	150 N. Wacker Drive. Suite 2800
	Chicago, IL 60506
fire	Attached is an original certificate of existence, no more than 90 days old, duly authorize and by the critical having controlly of records in instriction while the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a slation of the certificate under each of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: See susched
,	PLEASE SEE ATTACHMENT  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 penaltics of purpry that the facts stand herein are true.)
	- 36
PLX	Typed or printed name of signee

8502227515

HUL-U2-2000 108127

CT CORP

PAGE 03/05

312 263 BIZING P. 23

LANDSCEE, FLORIDA

HOMETOWN AMERICA INSURANCE SERVICES, L.L.C., Delaware limited liability company

By: Hometown America, L.L.C., a Delaware limited liability company, its sole Member

By: Honcetown Residential Manager, LL.C., a Delaware limited liability company, its Manager

Name: Richard G. Cline, In

Title: Manager

05 AUG -2 AM IO: 15
SELVANASSEE' FLORIGA

CT CORP

CT CORP

### 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.

2. The name and the Florida street address	of the registered a	gent and office are:	
c.	T Corporation System		TAFECAL TAFECAL
(Name)  1200 South Pine Island Road  Florida Street Address (F.O. Box. <u>NOT</u> ACCEPTABLE)			D.F.
			SSEE 3
			7 5 G
Plantation	 Hi.	33324	最后!
<del>-</del>	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, Florida Statutes.

C T Corporation System

By:

James M. Halpin Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agant

\$ 30.00 Cardfied Copy (optional)

5 5.00 Certificate of Status (optional)

312 263 0124 P.06

Florida Secretary of State
Foreign Limited Liability Company Application

Hometown America Insurance Services, L.L.C. July 25, 2005

Item 11
Nature and character of business to be conducted in the state of Florida

The nature and character of business to be conducted in the state of Floride shall be:

- (a) To act as agent, broker or producer for insurance companies in the sale of any or all of the following types of insurance: Property, Casualty, Fire, Vehicle or Warranty Services; and to apply for, acquire, and hold all licenses, permits, and franchises necessary or useful in furtherance of such purposes.
- (b) To engage in any and all lawful putposes for which limited liability companies may be organized under the Delaware Limited Liability Company Act and as permitted under the Florida Limited Liability Company Act including without limitation, all activities necessary or appropriate in furtherance of the purposes stated in clause (a) above, but in all events only to the extent not prohibited by the Florida Insurance Code.

8582227515 CT CDRP

312 263 0124

P.05



PAGE 1 THE 2" THE OF DE LONG. OF THE ORDER O

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DECAMARE, DO MERREY CHRISTS "ROMETOWN AMERICA INSURANCE TERVICES, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE HOW, AS OF THE THENTY-SEVERTH DAY OF JULY, R.D. 2005.

AND I DO MERCHY FORTHER CHRISTY THAT THE ARROAD TAKES HAVE NOT MEEN ASSESSED TO DATE.

OS AUG -2 MIO: 15
SECRE ASSEL DE LURIGA

3970523 8300 **3** 



Warriet Smith Hindson Harris Windson Sacrate of State
AUTHENTICATION: 4052236

DATE: 07-27-05