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To:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hibernia Insurance Agency, L.L.C.

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Florida Dept of State



January 11, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: HIBERNIA INSURANCE AGENCY, L.L.C.

REF: W06000001304

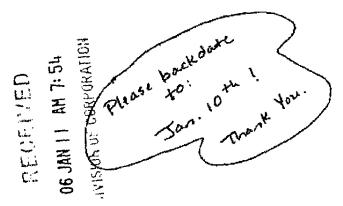
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The documents submitted are for qualifying a foreign corporation with this office. You need to download the "Application for Foreign LLC for Authorization to transact business in Florida". This may be downloaded from www.sunbiz.org.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers Document Specialist FAX Aud. #: H06000007612 Letter Number: 606A00002068



P.O BOX 6327 - Tallahassee, Florida 32314

SECTION TO AM 9: 38

COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: HIBBRNIA INSURANCE AGENCY, LLC					
(Name of Limited Liability Company)					
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited				
Please return all correspondence concerning this m	atter to the following:				
lisa v. tartaglia					
(Nat	me of Person)				
HIBERNIA INSURANCE AGENCY, LLC					
(Fin	m/Company)				
3510 N. CAUSEWAY BLVD., SUITE 200					
	(Address)				
METAIRIE, LA 70002					
(City/State and Zip Code)					
For further information concerning this matter, ple	ase cali:				
LISA V. TARTACILIA	at (504) 846-7844				
(Name of Person)	(Area Code & Daytime Telephone Number)				
MAILING ADDRESS:	STREET ADDRESS:				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
	Tallshamee, FL 32301				
Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy					

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

IN COMPLIANCE WITH SECTION 60830B, FLOREDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLOREDA:

HIBERNIA INSUI	RANCE AGENCY, LLC			
	(Name of Foreign Lin	nited Lis	bility Company)	-
LOUISIANA.		3.	72-1391133	
furisdiction under (company is organiza	the law of which foreign limited list ed)	oility "	(FEI musber, if applicable)	-
1965		5.	PERPETUAL	
(Det	e of Organization)		(Duration: Year limited liability company will come to exist or "perpetual")	•
	(Date first transacted business	s in Flori	de if refor to registration.	_
	(See sections 608.50) & 608.5	02 F.S. to	determine penalty liability)	
3510 N. CAUSEW	AY BLVD., SUITE 200			_
METAIRIE, LOUI	ISIANA 70002			
	(Street A	deress of	Principal Offics)	-
If limited liabili	ity company is a manager-mar	naned n	omnany check here X	
		-6		
The name and u	mual business addresses of the	manag	ing members or managers are as follows:	
(SHE ATTACHE	10)			
				-
				_
				-
			on 90 days old, duly authenticated by the official having	
			is organized. (A photocopy is not acceptable. If the onder each of the translator must be submitted.)	
	- 7		•	
Nature of busi	ness or purposes to be conduc	ted or p	romoted in Florida: INSURANCE SALES	-
	SL C.Ten			-
			orized representative of a member.	
	(In accordance with section 601.4)	08(3), F.S.	OF MANAGEMENT OF THE CONTROL OF THE	
	STEVEN C. TERRY, PRESID	_		
	Typed or r	rinted t	erne of gionee	

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P.05/05



Hibernia Insurance Agency, LLC d/b/a Hibernia Insurance

Officers:

Steven C. Terry -- President & Executive Mgr. 3510 N. Causeway Bivd., Ste 200 Melatrie, Louisiana 70002

Alan M. Ganucheau - Treasurer 313 Carondelet St. New Origina, Louisiana 70130

Cathy E. Chassin - Secretary 313 Carendelet St. New Orleans, Louisians 70130

Jan M. Maceluso — Assistant Tressurer 313 Carondelet St. New Orleans, Louisiana 70130

Susan Klein - Assistant Secretary 313 Carondelet St. New Orleans, Louisians 70130

Buzanne Boudreaux - Chief Financial Officer 3510 N. Causeway Bivd., Suite 200 Melakie, Louisiana 70002

Ronald J. DeBlanc - Chief Financial Officer 313 Carondelet St. New Orleans, Louisiana 70130

Sandra Gerdebane - Chief Operating Officer 3510 N. Ceuesway Blvd., Suite 200 Metairia, Louisiana 70002

Management Committee:

Paul J. Bonitatibus 313 Carondalet St. New Orleans, Louisians 70130

Debora 6, Connelly 313 Carondelet St. New Orleans, Louisiana 70130

Staven E. Cunningham 313 Carondelet St. New Orleans, Louisians 70130

Jen M. Macaluso 313 Carondelet St. New Origans, Louisiana 70130

Robert M. Stuert, Jr. 313 Carondelet St. New Orleans, Louisiana 70120

M. Marritt Telbot 313 Carondelet 81. New Orleans, Louisiana 70130

Staven C. Terry 3510 N. Couseway Blvd., Suite 200 Metairle, Louisiana 70002

3810 N. CAUSEWAY BOULENAMO, SUITE 200 (70002) • P.O. BOX 6660 • MISTARRIE, LA 70000 • (804) 864-8654 OR (800) 256-6542 • FAX: (804) 864-8661

Maria Maria	
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Me Barit Charmens	description of the second seco
	Agents are employed by Hiberria Binemore Agency, L.L.C.

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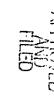
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

ŀ '	The name of the Limited Liability Company is:
HUE	ernia insurance agency, LLC
2, '	The name and the Florida street address of the registered agent and office are:
	CT Curporation System
	(Name)
	1200 South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Plentation, Florida 33324
liai age reli	ving been named as registered agent and to accept service of process for the above stated limited bility company at the place designated in this certificate, I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all statutes uting to the proper and complete performance of my duties, and I am familiar with and accept the ligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. CT Corporation System
	(Signature)

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

\$ 5.00 Certificate of Status (optional)



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United States of America State of Louisiana



As Secretary of State, Al Ater, I do hereby Certify that

HIBBREIA INSURANCE AGENCY, L.L.C.

A limited liability company domiciled in NEW CRLEAMS, LOUISIANA,

Filed charter and qualified to do business in this State on August 20, 1997.

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorised to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seel of my Office To be affixed at the City of Baton Rouge on, December 21, 2005

> Secretary of State 34569635R



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Certificate ID: 20051321004605

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