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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

106-287

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   BOARD CERTIFIED TAX ATTORNEY
   LL.M. IN TAXATION
- THE REGISTERED PATENT ATTORNEY
- \* ALSO ADMITTED IN TEXAS
  \*\* ALSO ADMITTED IN MISSISSIPPI

### VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Attention:

Tammi Cline

**Document Specialist** 

Re:

Progressive Risk Solutions, L.L.C.

Ref. Number: W06000039383

Dear Ms. Cline:

Enclosed is a copy of a letter you sent to me on September 7, 2006 requesting a certificate of good standing for Progressive Risk Solutions, L.L.C. Per your request, I have enclosed same. If you need anything else, please do not hesitate to contact me.

With kind regards, I am,

Very truly yours,

MICHAEL P. MARAIST

maraistm@onebane.com

MPM/tmp/encls.



September 7, 2006

MICHAEL MARAIST 1200 CAMELLIA BLVD., SUITE 300 LAFAYETTE, LA 70508

SUBJECT: PROGRESSIVE RISK SOLUTIONS, L.L.C.

Ref. Number: W06000039383

We have received your document for PROGRESSIVE RISK SOLUTIONS, L.L.C. and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 706A00054225

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Progressive Risk Solutions, (Name of I	Limited Liability Company)
	Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a
Please return all correspondence concerning thi	is matter to the following:
Michael P. Maraist	
(	(Name of Person)
Onebane Law Firm	
	(Firm/Company)
1200 Camellia Blvd.,	Suite 300 ₽SS ≥
	(Address)
Lafayette, LA 70508	TARY ASSE
(City	/State and Zip Code)
For further information concerning this matter,	(Address)  (Address)
Phillip J. LaBorde	at ( 337 ) 298-4700
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Boxed{15.00} \\$125.00 \text{ Filing Fee} \Boxed{15.130.00 \text{ Filing Fee}} \text{Certificate}	& □\$155.00 Filing Fee & ☑\$160.00 Filing Fee, Certificate e 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 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Progressive Risk Solutions, L.L.C.  (Name of Foreign Limited)	l Lia	bility Company)			
2.	Louisiana (Jurisdiction under the law of which foreign limited liability	3	20-5354415  (FEI number, if applicable)			
	company is organized)	,	( FEI number, if applicable)			
4.	July 28, 2006 (Date of Organization)	5.	Perpetual (Duration: Year limited liability company will			
	(Date of Organization)		exist or "perpetual")	ı cea:	se to	
6.	(Date first transacted business in I (See sections 608.501 & 608.502 F	Flori S. t	da, if prior to registration.) o determine penalty liability)			
7.	119 Froeba Drive					
	Carencro, LA 70520			<u> </u>		
	(Street Addres	ss of	Principal Office)	SEC	2006	
8.	If limited liability company is a manager-manage	d c	ompany, check here	RET	2006 SEP 18	<b>e</b> n
9.	The name and usual business addresses of the ma	ınag	ging members or managers are as follows	8.X C		
	Herman Johnson, 7557 Mahalo Hui Drive,	, Di	amonuneau, WS 39525 $\sim$	S	H	arma
	Phillip J. LaBorde, 416 Shelly Drive, Laf	aye	ette, LA 70503	΄Δ <b>Τ</b> Ε	: 30	"Preac
	William A. Tassin, 119 Froeba Drive,	Cá	arencro, LA 70520			
he	Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photoconslation of the certificate under oath of the translator must be su	ру і	s not acceptable. If the certificate is in a foreign la			irds ir
l <b>I</b>	. Nature of business or purposes to be conducted	or p	romoted in Florida:			
	Insurance claims consulting	7				
	July Jak	/ []]	b			
			orized representative of a member.			
	an affirmation under the penalties of pe					
	Phillip J. LaBorde					

Typed or printed name of signee

## 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.

١.	The name of the Limited Liability Company is:			
Р	rogressive Risk Solutions, L.L.C.			

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

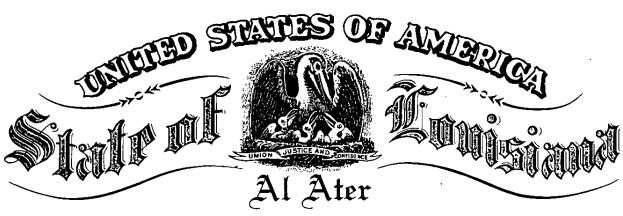
Dave LaBorde		<b>5</b>
	(Name)	2006 SE SECRE TALLAH
1214 Lorie Circle	)	SEP SEP RETA AHAS
Florida Street A	Address (P.O. Box <u>NOT</u> ACCEPTABLE)	P 18 P 18 ASSEI
Brandon,	<sub>FL</sub> 33510-3236	PH I:
	City/State/Zip	:31 NTE ADA

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.

(Signature)

\$ 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

As Secretary of State, of the State of Louisiana, I do hereby Certify that PROGRESSIVE RISK SOLUTIONS, L.L.C.

A limited liability company domiciled in CARENCRO, LOUISIANA,

Filed charter and qualified to do business in this State on July 28, 2006,

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 authorized 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 Seal of my Office to be affixed at the City of Baton Rouge on,

September 15, 2006

JMO 36237322K

Secretary of State

