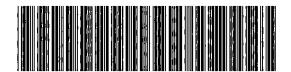
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2006

TIA M PORTER 1840 CENTURY PARK EAST 1100 LOS ANGELES, CA 90067

SUBJECT: KAERCHER CAMBELL & ASSOCIATES INSURANCE

BROKERAGE

Ref. Number: W06000040164

We have received your document for KAERCHER CAMBELL & ASSOCIATES INSURANCE BROKERAGE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6851.

Letter Number: 306A00055122

Gina McLeod Document Specialist COVER LETTER

-	TO: Registration Section Division of Corporations			
	SUBJECT: Kawher Campbell & Associates Insurance Brokevage (Name of Limited Liability Company)			
	The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
	Please return all correspondence concerning this matter to the following:			
	Tia M. Portar			
	(Name of Person)			
	KCAIB			
(Firm/Company)				
	1840 Century Park East, # 1100 . (Address)			
	Los Aryeles, CA 90067 (City/State and Zip Code)			
	For further information concerning this matter, please call:			
	Tio M. Porter at (30) 556 · 1900 (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: \$\Begin{array}{c} \preceq \prec			

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability FPI number, if applicable) company is organized) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: 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: The sale of Inswance and related producte 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.) Penni Campbell

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.

1. The name of the Limited Liability Company is:
Kaardher Campbell & Associates Insurance Brokerage
2. The name and the Florida street address of the registered agent and office are:
OT Corporation System (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation, FL FL 33324 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.

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

(Signature)

State of California Secretary of State

CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 13th day of May, 2005, KAERCHER CAMPBELL & ASSOCIATES INSURANCE BROKERAGE, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 7, 2006.



BRUCE McPHERSON Secretary of State

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