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SECRETARY OF STATE INLLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Ann Arbor Annuity Eschange, LLC (Name of Limited Liability Company)								
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Bus Florida," Certificate of Existence, and check are submitted to register the above referenced foreign liability company to transact business in Florida								
Please return all correspondence concerning this matter to the following:								
Mulissa O'Donneu (Name of Person)								
Allianz Life								
(Firm/Company)								
Firm/Company) 5701 Golden Hills Duve (Address) Alien accomplise Alien Could								
(Address)	STATE							
Minneapoli's Un 55416 (City/State and Zip Code)	. જે							
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Meti 652 O'Donneu at (763) 765.662 (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: \$\Bigsim \frac{1}{2}\$125.00 \text{ Filing Fee} \Bigsim \frac{1}{2}\$130.00 Filing Fee & Bigsim B								



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2006

MELISSA O'DONNELL 5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416

SUBJECT: ANN ARBOR ANNUITY ENCHANGE, LLC

Ref. Number: W06000042933

We have received your document for ANN ARBOR ANNUITY ENCHANGE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 206A00058100



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2006

MELISSA O'DONNELL 5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416

SUBJECT: ANN ARBOR ANNUITY ENCHANGE, LLC

Ref. Number: W06000042933

We have received your document for ANN ARBOR ANNUITY ENCHANGE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 006A00059846

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

		SECTION 608.503, F PANY TO TRANSACT.			ING IS SUBMITTED	TO REGISTER A	FOREIGN
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1		(Name of	Foreign Limited L	ability Company)	, vuing C, L		_
2	Mich	law of which foreign	3	·	FEI number, if applic		
(Jurisdict	fion under the is organized)	lawof which foreign	limited liability	(FEI number, if applic	cable)	
4	Augus	2,200	6 5		Perpetu ar limited liability con	al	
	(Date of	Organization)		(Duration: Ye exist or "perpe	ar limited liability con etual")	npany will cease to)
6							
		(Date first transac (See sections 608.5	ted business in Flo 01 & 608.502 F.S.	rida, if prior to reg to determine pena	gistration.) lty liability)	~	7
7	40	Rescar	rch Dniv	e, ste.	D	ATTA	os o Secu
	A	nn Arbo	V, MI	4810	5	E.	CT /
		1101 1100	(Street Address	of Principal Office)	TE O	÷ 7
8. If limi	ted liability	company is a mai	nager-managed	company, chec	k here	10R 10R	AH 10: 28
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		Signature of a m	Dunn Dember or an aut		entative of a memb		
			ection 608.408(3), F.	S., the execution of	this document constitute		
		Meli Sa		ness. As	si Stant Sco	rotany	
			yped or printed	name of signee		V	

BOARD OF GOVERNORS

Kevin Meyer 45 Research Drive, Suite D Ann Arbor, MI 48105

Thomas Barta 5701 Golden Hills Drive Minneapolis, MN 55416

Brian Gengler 5701 Golden Hills Drive Minneapolis, MN 55416

Darryl Chouinard 5701 Golden Hills Drive Minneapolis, MN 55416

Van Lumbard 45 Research Drive, Suite D Ann Arbor, MI 48105



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:

Ann Arbor Annuity Exchange, LLC

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

CT. Corporation System

(Name)

1200 S. Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plan tation 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.

Michele Miller

(Signature) Assistant Secretary

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



Lansing, Michigan

This is to Certify That

ANN ARBOR ANNUITY EXCHANGE, LLC

was validly organized on June 29, 2006 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 896602 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of October, 2006

Bureau of Commercial Services

,Director