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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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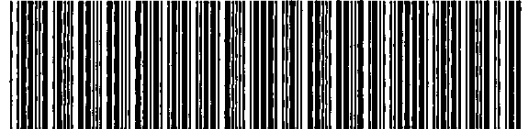
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV - 8 AM 11:54

J. BRYAN NOV - 9 2006

**Corban Insurance Services, L.L.C.
235 Third Street South, Suite 300
St. Petersburg, FL 33701**

October 25, 2006

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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Re: Corban Insurance Services, L.L.C.

Dear Sir or Madam:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida", "Certificate of Existence", and a check in the amount of \$130.00 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:

Mr. Norman LeClair, Manager
Corban Insurance Services, L.L.C.
235 Third Street South, Suite 300
St. Petersburg, FL 33701

For further information concerning this matter, please call Paul C. Jensen at (727)825-0099.

Very truly yours,



Paul C. Jensen

Enclosures

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

For

CORBAN INSURANCE SERVICES, L.L.C.

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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

ARTICLE I – LIMITED LIABILITY COMPANY NAME

The name of the limited liability company is Corban Insurance Services, L.L.C.

ARTICLE II – STATE INCORPORATED

The jurisdiction under the law of which the foreign limited liability company was organized is in the State of Delaware.

ARTICLE III – FEDERAL IDENTIFICATION NUMBER

The limited liability company's federal identification number is 05-0615274.

ARTICLE IV – DATE OF ORGANIZATION

The limited liability company was organized on December 14, 2004.

ARTICLE V - DURATION

The limited liability company's duration is perpetual.

ARTICLE VI- FLORIDA FIRST BUSINESS TRANSACTION DATE

The limited liability company's first transaction of business in the State of Florida was October 1, 2006.

ARTICLE VII- PRINCIPAL OFFICE

The limited liability company's mailing address and principal office shall be as follows:

235 Third Street South, Suite 300
St. Petersburg, FL 33701

ARTICLE VIII- MANAGER-MANAGED

The limited liability company is a manager-managed company.

ARTICLE IX – MANAGERS

The name and usual business address of the manager is as follows:

Norman LeClair
235 Third Street South, Suite 300
St. Petersburg, FL 33701

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ARTICLE X – ORIGINAL CERTIFICATE OF EXISTENCE

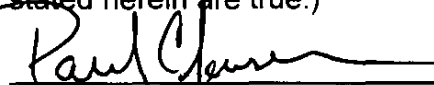
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized.

ARTICLE XI – NATURE OF BUSINESS

Nature of business or purposes to be conducted or promoted in Florida is the following:

Insurance

The following is the signature of Paul C. Jensen, authorized representative of 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.)



Paul C. Jensen

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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PUSURANT TO THE PROVISION 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:

Corban Insurance Services, L.L.C.
2. The name and the Florida street address of the registered agent and
office are:

Paul C. Jensen
2001 16th Street North
St. Petersburg, FL 33704

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.


Paul C. Jensen

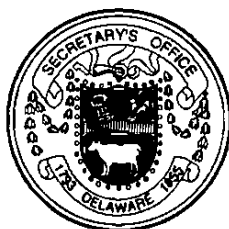
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORBAN INSURANCE SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2006.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5157092

DATE: 10-30-06