

M070000006222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

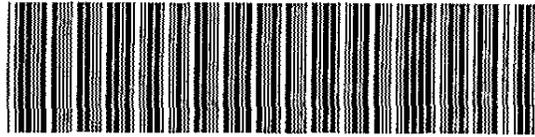
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/10/07--01024--018 **125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 16 PM 1:57

~~56185-407~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medi-Gap Direct, LLC
(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:

Steve Reck
(Name of Person)

Independent Administrative Services
(Firm/Company)

2536 Countryside Blvd, 6th Fl
(Address)

Clearwater FL 33763
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Reck at (727) 726-0726
(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:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

MEDI-GAP DIRECT, LLC

October 16, 2007

Marsha Thomas, Regulatory Specialist II
FL Dept of State, Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

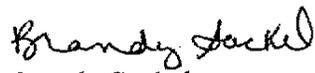
Subject: Medi-Gap Direct, LLC
Ref. Number: W07000050477

Dear Marsha,

This letter is in response to letter number 807A00059914. While completing the 'APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA' form, an incorrect date of organization was inadvertently entered. There is a company with a similar name (Medi-Gap Direct, Inc) for which that company's date of organization was entered. The correct date of formation for Medi-Gap Direct, LLC is September 13, 2007 as evidenced by the attached copy of Certificate of Formation from the State of Delaware. Please accept this letter of amendment and continue with the approval for authorization to transact business in the State of Florida.

If you have any questions, please contact me at 727-726-0726.

Sincerely,


Brandy Sackel



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2007

STEVE RECK
INDEPENDENT ADMINISTRATIVE SERVICES
2536 COUNTRYSIDE BLVD - 6TH FL
CLEARWATER, FL 33763

SUBJECT: MEDI-GAP DIRECT, LLC
Ref. Number: W07000050477

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 14 PM 1:32

RECEIVED

We have received your document for MEDI-GAP DIRECT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$7,350.00.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 807A00059914

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:

1. Medi-Gap Direct, LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-1195353
(FEI number, if applicable)
4. 9-13-2007
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 9-13-2007
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2536 Countryside Blvd, 6th Floor
Clearwater FL 33763
(Street Address of Principal Office)

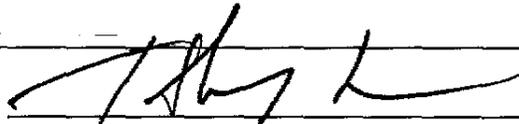
8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Timothy O. North
2536 Countryside Blvd, 6th Floor
Clearwater FL 33763

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: Insurance Marketing



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.)

Timothy O. North
Typed or printed name of signee

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DIVISION OF CORPORATIONS
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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.

1. The name of the Limited Liability Company is:

MEDI-GAP DIRECT, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

HEATHER NORTH

(Name)

2536 COUNTRYSIDE BLVD 6TH FL

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

CLEARWATER, FL 33763

FL

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.



(Signature)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 16 PM 1:58

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDI-GAP DIRECT, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2007.

4423286 8300

071014458



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6000062

DATE: 09-14-07