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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	r: NATIONAL INSURANCE	MARKETING, LLC imited Liability Company)	
Florida," C		Liability Company for Authorization to Transact submitted to register the above referenced for the control of t	
Please retu	arn all correspondence concerning this	s matter to the following:	
	STEVE RECK		
	(Name of Person)	07
	INDEPENDENT ADMINI	STRATIVE SERVICES, LLC	07 OCT 16 PM 2: 23 SECRETARY OF STATE TALLAHASSEE. FLORID
	(Firm/Company)	BY (
	2536 COUNTRYSIDE BI	_VD, 6TH FLOOR	H 2: 2
		(Address)	Şm ω
	CLEARWATER, FL 337		
	(City/	State and Zip Code)	
For further	information concerning this matter, p	blease call:	
ST	EVE RECK	at (727) 726-0726	
	(Name of Person)	(Area Code & Daytime Telephone Num	ıber)
Div P.O	vision of Corporations D. Box 6327 lahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	s a check for the following amount: 125.00 Filing Fee \$\square\$, Certificate & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2007

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

SUBJECT: NATIONAL INSURANCE MARKETING, LLC

Ref. Number: W07000050388

We have received your document for NATIONAL INSURANCE MARKETING, 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/uniform business 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 \$14458.75.

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 Regulatory Specialist II

Letter Number: 207A00059835



NATIONAL INSURANCE MARKETING, 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: National Insurance Marketing, LLC

Ref. Number: W07000050388

Dear Marsha,

This letter is in response to letter number 207A00059835. 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 (National Insurance Marketing, Inc) for which that company's date of organization was entered. The correct date of formation for National Insurance Marketing, 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
Brandy Sackel

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.	National Insurance Marketing, LLC		
	(Name of Foreign Limited Liability Company)		
2.	Delaware 3 26-1194501		
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-1194501 (FEI number, if applicable)		
4.	5. Perpetual (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)		
7.	2536 COUNTRYSIDE BUD LOTH FL)	
	CLEARWATER, FL 33763 (Street Address of Principal Office))) 1	
	(Street Address of Principal Office)	•	
8.	If limited liability company is a manager-managed company, check here		1111
9.	The name and usual business addresses of the managing members or managers are as follows	ڊ	
	TIMOTHY NORTH	3	
	2536 COUNTRYSIDE BUD 6TH FL		
	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 reco	mts:	in
the	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	iu.	
tra	nslation of the certificate under oath of the translator must be submitted.)	_	
11	. Nature of business or purposes to be conducted or promoted in Florida:	•	
	MARKETING 1		
	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.)	•	
	Typed or printed name of signee		
	Typed of 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.

NATIONAL INSURANCE MARKETING, LLC	······································
If name unavailable, the alternate name to be used in the state of Florida is:	07 0 SE TAI
2. The name and the Florida street address of the registered agent and office are:	FILEL DOT 16 '
HEATHER NORTH	PH 2: OF ST
(Name)	: 23 TATE ORIDA
2536 COUNTRYSIDE BLVD 6TH FL	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	

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.

City/State/Zip

(Signature)

CLEARWATER, FL 33763

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL INSURANCE MARKETING, 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.

4423251 8300

071014483

Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5999930

DATE: 09-14-07