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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AssureRisk Solutions, LLC				
(Name of Limited	Liability Company)			
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submit liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Robert L. Bearer, Esq.				
(Name of Person)				
Barber & Bartz, P. C.				
(Firm/Company)				
525 South Main Street, Suite 800				
(Address)				
Tulsa, OK 74103-4511				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Debbie Haskins	1 (918) 599 -77 55			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Division of Corporations P.O. Box 6327 Cli Tallahassee, FL 32314 26	PREET ADDRESS: vision of Corporations ifton Building 61 Executive Center Circle llahassee, FL 32301			
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee} \Bigsim \frac{1}{30.00}\$ \text{ Filing Fee & Certificate of Status.}	\$155.00 Filing Fee & \$\sumsymbol{Z}\$160.00 Filing Fee, Certificate of Status & Certified Copy			

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 RUSINESS IN THE STATE OF FLORIDA:

* *	Solutions, LLC	et inclu	da "Limitad Liability Con	many " "I I C " or "I I C	795
(Name of Fore	igh Ellinted Elability Company, mus	st meru	de Eminted Elability Con	ipany, L.E.C., or LEC	··)
	enter alternate name adopted for the ers or managing members adopting the "LLC.")				
_{2.} Oklahoma		3	26-2224812		
(Jurisdiction under company is organiz	the law of which foreign limited liab ted)	oility		iber, if applicable)	
4. March 13, 2		5	Perpetual		
(Dat	te of Organization)		(Duration: Year limite exist or "perpetual")	d liability company will c	_
6. N/A				ALL. SECT	8 77
·	(Date first transacted business (See sections 608.501 & 608.50	s in Flo 02 F.S.	rida, if prior to registration to determine penalty liabi	1.) HE	2
_{7.} <u>2511 N. Hi</u>				SSEE	2 1
Catoosa, C)K 74015			FLOT	?
	(Street Ac	idress o	of Principal Office)	NO.	
8. If limited liabili	ity company is a manager-man	naged	company, check here		
9. The name and u	usual business addresses of the	: mana	iging members or mar	nagers are as follows:	
William L. E	Brassfield, 2511 N. Hig	jhwa	y 167, Catoosa	OK 74015	
Dale J. Bra	ssfield, 2511 N. Highw	vav 1	67, Catoosa, O	K 74015	<u></u>

_	inal certificate of existence, no more th		• •	-	•
	he law of which it is organized. (A pho icate under oath of the translator must b			tificate is in a foreign langu	ıage, a
			•	!	_
11. Nature of busi	iness or purposes to be conduct	ted or	promoted in Florida:	insurance claim	<u> </u>
adjusting			111		
	Wm 2 /31	m	Mil		
	Signature of a member or				
	(In accordance with section 608.40 an affirmation under the penalties				
	William L. Brassfiel	id M	lember		

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 na	me of the Limited Liability Company is:	
Assure	Risk Solutions, LLC	
If name u	navailable, the alternate name to be used in the state of Florida is:	
2. The na	me and the Florida street address of the registered agent and office are:	
	Alan Korhonen	1A S 8
	(Name)	08 APR
	6745 Phillips Industrial Blvd., Suite 2	HASS
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	2 7
	Jacksonville. FL 32256 FL City/State/Zip	2: 41 STATE FLORID
		D'

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)

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>ASSURERISK SOLUTIONS</u>, <u>LLC</u> whose registered agent is <u>Ron B. Barber</u>, with its registered office at <u>525 South Main Street Suite 800 Tulsa 74103 4511 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>21st</u>, day of <u>March</u>, <u>2008</u>.

Secretary Of State