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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: US CORPWORKS INC.

Account Number : I20070000066

Phone

: (303)393-8800

Fax Number

: (303)393-8900

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Tribal Nation Insurance Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. BRYAN

JUN 1 8 2008

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Tribal Nation Insurance Services, LLC     (Name of Foreign Limited Liability Company; must incl	lud	e "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt Company," "L.L.C.," "L.L.C.")			
2. Connecticut	3.	26-1939603	,
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)	
4. 12/10/2007	5.	Perpetual	
- (Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	ထ္
6 upon filing		08	N SE
(Date first transacted business in F (See sections 608.501 & 608.502 F.	lor S. t	ida, if prior to registration.) o determine penalty liability)	SECTION TO
7. 2002 Summit Boulevard, Suite 900			THE STATE OF THE S
Atlanta, Georgia 30319		=	3000
(Street Address	s of	(Principal Office)	RAS
8. If limited liability company is a manager-managed	d c	ompany, check here	SHOHS
9. The name and usual business addresses of the man	nac	ring members or managers are as follows:	
OnPoint Underwriting, Inc., Member 2002 Summit Bo	oule	everd, Suite 900, Atlanta, GA 30319	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under oath of the translator must be sub-	ру	is not acceptable. If the certificate is in a foreign language, a	nds in
11. Nature of business or purposes to be conducted of	or J	promoted in Florida: Insurance services	
Christini C allinson			
Signature of a member or an a	uth	orized representative of a member.	
(In scordance with section 608.408(3), an affirmation under the penalties of per		, the execution of this document constitutes y that the facts stated herein are true.)	
`Christine C. Alligood		•	

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.

	of the Limited Liabili nsurance Services, LLC		<b>:</b>			
If name unave	ailable, the alternate n	name to be used	in the state of Florid	la is:		
2. The name	and the Florida street	address of the	registered agent and	office are:		<u> </u>
	NDAI Sociose Inc				28	ASEC ASEC
	NRAI Services, Inc.		(ame)		7 ו אוונ 80	DN OF C
	2731 Executive Par	rk Drive, Suite 4	•		F	) Y 0
			O. Box <u>NOT</u> ACCEPTAB	LE)	H 8: 2	Y OF STAIL ORPORATI
	Weston		FL 33331		0	욼
		Cit	y/State/Zip	<u> </u>		٠.
liability compo agent and agre relating to the	any at the place design ee to act in this capaci proper and complete j my position as register	nated in this cer ity. I further ag performance of	tificate, I hereby acce, ree to comply with the my duties, and I am fi	for the above stated limi pt the appointment as re provisions of all statut amiliar with and accept 608, Florida Statutes.	egistere es	ed
	5	\$ 100.00 Filis	ng 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 the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

### TRIBAL NATION INSURANCE SERVICES, LLC

a domestic limited liability company, were filed in this office on December 10, 2007.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: June 17, 2008

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 JUN 17 AM 8: 20

Business ID: 0919093

Standard

Certificate Number: 2008153030001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov