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SECRETARY OF STATE

SECRETARY OF STATE

COVER LETTER

TO: Registration SectionDivision of Corporations

SUBJECT: Interstate First Financia (Name of Limi	l of Florida, L.L.C. ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
R. Nathan Hightower	
(Nar	me of Person)
(Fire	m/Company)
2536 Countryside Blvd.	, 6th Floor
	(Address)
Clearwater FL 33763	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	ase call:
R. Nathan Hightower	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: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate of \$\frac{1}{2}\$}	\$155.00 Filing Fee & \$\Bigsquare\tag{\$160.00 Filing Fee, Certificate}\$ Status Certified Copy of Status & Certified Copy



July 11, 2008

R. NATHAN HIGHTOWER 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763

SUBJECT: INTERSTATE FIRST FINANCIAL OF FLORIDA, L.L.C.

Ref. Number: W08000032977

We have received your document for INTERSTATE FIRST FINANCIAL OF FLORIDA, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the

records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 608A00040951





July 22, 2008

Leslie Sellers Regulatory Specialist II Florida Department of State Division of Corporations P O Box 6327 Tallahassee FL 32314

Re: Interstate First Financial of Florida, L.L.C. Application for a Certificate of Authority

Dear Ms. Sellers,

In response to your letter, #608A00040951, please be advised that I represent Interstate First Financial, L.L.C. and authorize Interstate First Financial of Florida, L.L.C. to use this name on the requested 'Certificate of Authority To Do Business in Florida.'

Sincerely,

R. Nathan Hightower, Esq., Corporate Representative

ÄPPLICATION 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. Interstate First Financial of Florida, L.L.C.	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability	en
Company," "L.L.C.," "LLC.")	
2. Delaware 3. 26-2925458	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 7/2/08 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
exist of 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 Blvd., lots Plan	
Mean reter. P1 337133	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
c. If infliced flacinity company is a manager managed company, check fiere	
9. The name and usual business addresses of the managing members or managers are as follows:	
Timothy O North, 2536 Countryside Blvd. 6th Flr, 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 the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	n
translation of the certificate under eath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Insurance Sales	
25 Ti - marren	
Signature of a member or an authorized representative of a member.	
Signature of a member or an authorized representative of a member $\mathcal{L}_{\mathcal{L}_{ij}}$	
Signature of a member or an authorized representative of a member.	

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 o	f the Limited Liability Company is:
Interstate	First Financial of Florida, L.L.C.
If name unavai	lable, the alternate name to be used in the state of Florida is:
2. The name a	nd the Florida street address of the registered agent and office are:
	R. Nathan Hightower, Esq.,
	(Name)
	2536 Countryside Blvd., 6th Floor
	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)

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SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERSTATE FIRST FINANCIAL OF FLORIDA, 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 THIRD DAY OF JULY, A.D. 2008.

FILED

08 JUL 24 AM 10: 29

SECRUTARY OF STATE

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Varniet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6706568

DATE: 07-03-08