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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
FICK-OF WAIT IWAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
A. LUNI			
JUL 3 1 2008			
EXAMINER			
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*** PROMPT ATTENTION REQUESTED ***

7/21/2008

Corp. Div. FL Secy. of State P.O. Box 6327 Tallahassee, FL 32314 INS JUL 30 P 2: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: **Techinsurance**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$215.00.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,

Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby

Initial Licg. Spec.

Email: hoverby@kennedylicensing.com

cc: Techinsurance

VICTRIX (FL), Reg. Agt.

Enc: App. in dup.,, Cert of Fact, Fict nm app.

COVER LETTER

SUBJECT:	Techinsurance Group, LLC			
		Limited Liability Company)		
Florida," Ce		Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited la		
Please return	all correspondence concerning th	is matter to the following:		
	Hailey Overby			
		(Name of Person) ALCRE LAFE		
Kennedy Licensing Service Inc. (Firm/Company)				
		(Firm/Company)		
	4144 N. Central Express	(Firm/Company) Sway, Suite 800		
		(Address)		
	Dallas, TX 75204			
	(Cit	y/State and Zip Code)		
For further i	nformation concerning this matter	, please call:		
Hail	ey Overby	at (214) 855-0737		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
MAI	LING ADDRESS:	STREET ADDRESS:		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Talla	shassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amount: 25.00 Filing Fee \$130.00 Filing Fe	be & 155.00 Filing Fee & 15160.00 Filing Fee, Certificate		

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:

Techinsurance Gr	oup, LLC
	(Name of Foreign Limited Liability Company)
Texas	3. 75-2396661
(Jurisdiction under the company is organized)	e law of which foreign limited liability (FEI number, if applicable)
. 11/19/2007	_{5.} Perpetual
	of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
Upon Filing	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
1301 Central Ex	pressway, Suite 115
Allen, TX 75013	TASS TAR
	(Street Address of Principal Office)
. If limited liability	company is a manager-managed company, check here
The name and usu	ual business addresses of the managing members or managers are as follows:
James Cochran,	Member
1301 Central Ex	pressway, Suite 115 Allen TX 75013
	l certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec
-	law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a e under oath of the translator must be submitted.)
industrial designation	e takka Canton tak tanishan masa Ce saominaca.)
. Nature of busine	ess or purposes to be conducted or promoted in Florida:
Nonresident Insu	urance Agency Sales & Services
	71/11/1
	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.)
	James Cochran, Member
	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 name of the Limited Liability Company is:	
Techineurance Grap, UC	
2. The name and the Florida street address of the registered	agent and office are:
John D. Hatch, Esquire	ZUUB . SEGRI
1267 Berkshire Lane, Suite 20	
Florida Street Address (P.O. Box NO	4688

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)

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Phil Wilson Secretary of State

JUL 1 6 2008

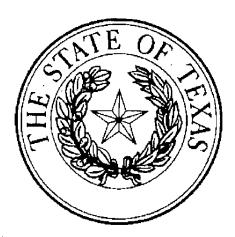
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Techinsurance Group, LLC (file number 800900120), a Domestic Limited Liability Company (LLC), was filed in this office on November 19, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on July 10, 2008.



Phil Wilson Secretary of State

Welso

TID: 10264 Document: 221704440002

Dial: 7-1-1 for Relay Services