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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

B. KOHR

SEP 1 0 2008

EXAMINER



CT 1203 Governors Square Bivd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

September 10, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

08 SEP 10 PM 2: 15

Re:

Order #: 70057110 WO

Customer Reference 1: 53646

Customer Reference 2: 3

Dear Department of State, Florida:

Please obtain the following:

JSL-WIS, LLC (DE) Registration Florida

JSL-WIS, LLC (DE) Cert Copy of Application for Authority-Foreign Florida

JSL-WIS, LLC (DE) Certificate of Status-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

September 10, 2008

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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. JSL-WIS, LLC	
(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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi Company," "L.L.C.," "LLC.")	
2. Delaware 3. 20-4853626 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	-
company is organized)	
4. 04/28/2006 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	Ti
6. Upon Qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 300 West 10th Street, West Point, GA 31833	-0
(Street Address of Principal Office)	
	,
8. If limited liability company is a manager-managed company, check here 🗵	
9. The name and usual business addresses of the managing members or managers are as follows:	
J. Smith Lanier & Co., 300 West 10th Street, West Point, GA 31833	_
	-
	-
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstructions.	cords i
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a 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 agency	_ ·
Dru E. Blan CFU	
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.) Frank E. Plan CFO	

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.

JSL-WIS, L	LC		
If name un	available, the alternate na	ame to be used in the state of Florida is:	
2. The nar	ne and the Florida street	address of the registered agent and office are:	ı
	C T Corporation System	m	
		(Name)	-
	1200 South Pine Island		_
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	_ <u>.</u>
		City/State/Zip	
liability con agent and a relating to	mpany at the place designa agree to act in this capacit the proper and complete p of my position as register	ent and to accept service of process for the above s ated in this certificate, I hereby accept the appoint by. I further agree to comply with the provisions of performance of my duties, and I am familiar with a sed agent as provided for in Chapter 608, Florida s	ment as registe fall statutes nd accept the
_ Jan	(Signature)		
Dan	ny Verdecchia, Jr. Asst. Se	cretary	

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JSL-WIS, 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4150968 8300

080899535

Varnet Smith Windson

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6812057

DATE: 08-25-08

You may verify this certificate online at corp.delaware.gov/authver.shtml