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(Requestor's Name)

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(City/State/Zip/Phone #)

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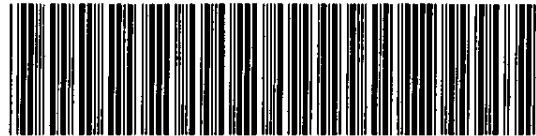
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/24/08--01025--026 **130.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 21 AM 8:34

W08-56855
DEC 29 2008

J. BRYAN

JAN 22 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIST Insurance, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kristina Fahim

(Name of Person)

VIST Insurance, LLC

(Firm/Company)

108 South 5th Street, PO Box 13219

(Address)

Reading, PA 19612

(City/State and Zip Code)

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For further information concerning this matter, please call:

Kristina Fahim

(Name of Person)

at (610) 603-7498

(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:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2008

KRISTINA FAHIM
VIST INSURANCE, LLC
108 SOUTH 5TH STREET, PO BOX 13219
READING, PA 19612

SUBJECT: VIST INSURANCE, LLC
Ref. Number: W08000056855

We have received your document for VIST INSURANCE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 608A00061765

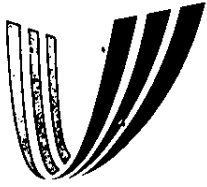
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VIST INSURANCE, LLC

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VIST FINANCIAL

January 13, 2009

Florida Department of State
Division of Corporations
Attn: Joey Bryan
PO Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
09 JAN 21 AM 8:35

Re: VIST Insurance, LLC
Ref. #: W08000056855

Dear Joey Bryan:

Attached is the managing member list you needed to complete our filing referenced above.

Please feel free to contact me if you need any further information at (610) 603-7498 or email me at Kfahim@lvistfc.com. Any correspondence can be sent to my attention at PO Box 13219, Reading, PA 19612-3219

Sincerely,

VIST INSURANCE, LLC

Kristina Fahim
Administrative Assistant

Enc.

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. VIST Insurance, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

VIST Insurance Services, 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 Company," "L.L.C.," "LLC.")

2. Pennsylvania 3. 13-4212555
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/3/08 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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. 108 South 5th Street, Reading, PA 19602
(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:

*See attached.

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Non-resident insurance sales and service


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.)

Charles J Hopkins, CEO & President
Typed or printed name of signee

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VIST INSURANCE, LLC

63514

Organization License # :

13-4212555

Organization FEIN:

President & CEO	Last Name	First Name	Residence Address	Email Address
Chairman of the Board	Davis	Robert	1240 Broadcasting Road, Wyomissing, PA 19610	rdavis@vistfc.com
Chairman of the Board	Weber	Alfred	1240 Broadcasting Road, Wyomissing, PA 19610	aweber@vistfc.com
Chairman of the Board	Boothby	Richard	460 Norristown Road, Blue Bell, PA 19422	rboothby@vistfc.com
Chief Operating Officer	Hopkins	Charles	108 South 5th Street, Reading, PA 19602	chopkins@vistfc.co
Chairman of the Board	Herr	Michael	108 South 5th Street, Reading, PA 19602	mherr@vistfc.com
Vice President	Burton	James	1240 Broadcasting Road, Wyomissing, PA 19610	jburtont@vistfc.com
Vice President	Greenwood	Thomas	460 Norristown Road, Blue Bell, PA 19422	tgreenwood@vistfc.com
Vice President	Greif	David	108 South 5th Street, Reading, PA 19602	dgreif@vistfc.com
Vice President	Hughes	Michael	108 South 5th Street, Reading, PA 19602	mhughes@vistfc.com
Chairman of the Board	Kuzneski, III	Andrew	19 North Sixth Street, Indiana, PA 15701	akuzneski@vistfc.com
Vice President	Turner	James	460 Norristown Road, Blue Bell, PA 19422	jturner@vistfc.com
Secretary	McDonald	Christina	1240 Broadcasting Road, Wyomissing, PA 19610	tmcdonald@vistfc.com

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**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:

VIST Insurance LLC

If name unavailable, the alternate name to be used in the state of Florida is:

VIST Insurance Services LLC

2. The name and the Florida street address of the registered agent and office are:

John D. Hatch, Esq.

(Name)

1267 Berkshire Lane, Suite 200

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tarpon Springs

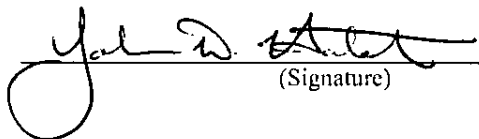
FL

34688

City/State/Zip

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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)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

DECEMBER 12, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

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I DO HEREBY CERTIFY THAT,

VIST INSURANCE, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of
the Commonwealth of Pennsylvania and remains subsisting so far as the records
of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

Pedro A. Cortes

Secretary of the Commonwealth

Certification Number: 7780926-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>