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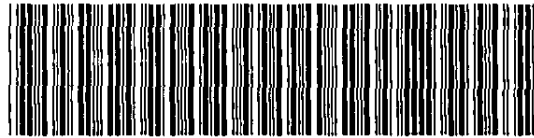
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

B. KOHR

AUG 20 2009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: ~~08-18-09~~ 8/19/09

NAME: COMMONWEALTH INSURANCE GROUP LLC

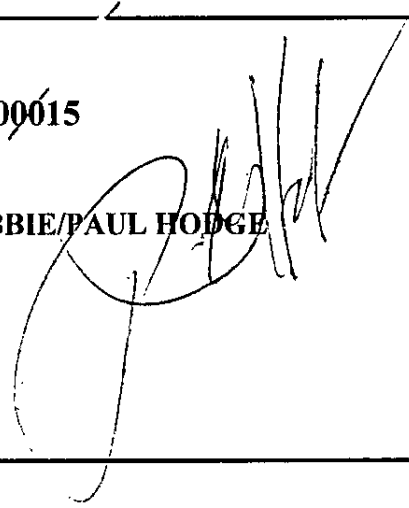
TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: \$155

RETURN: CERT. COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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. Commonwealth Insurance Group LLC

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

CIGSC, 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. South Carolina

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-3982393

(FEI number, if applicable)

4. 12/9/05

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "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. 7515 Northside Drive Suite 150

North Charleston, SC 29420

(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:

Todd R. Tyler, 7515 Northside Drive, Suite 150, North Charleston, SC 29420

Matthew M. Moore, 7515 Northside Drive, Suite 150, North Charleston, SC 29420

Christopher C. Cook, 7515 Northside Drive, Suite 150, North Charleston, SC 29420

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:

Insurance Agency Sales and Marketing

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)

Todd R. Tyler

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

**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:

Commonwealth Insurance Group LLC

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

CIGSC, LLC

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

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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
NRAI Services, Inc.

By:

(Signature)

Tinlesha Clark, Assistant Secretary

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

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of Commonwealth Insurance Group LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

South Carolina

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 608.406, F.S., the limited liability company hereby adopts the

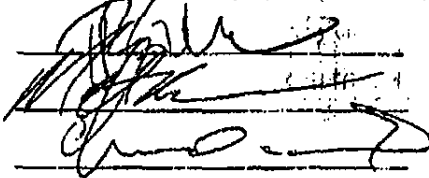
following name to transact business in the state of Florida:

CIGSC, LLC

(Name to be used by limited liability company in Florida NOTE: Name must end with Limited Liability Company, L.L.C., or LLC)

Date: 8/17/09

Signature(s) of Manager(s) and/or Managing Member(s):

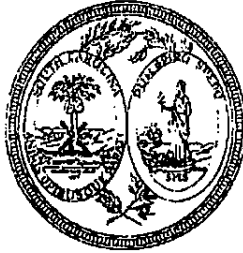


Todd R. Tyler

Matthew M. Moore

Christopher C. Cook

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

COMMONWEALTH INSURANCE GROUP LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 9th, 2005, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
18th day of August, 2009.

Mark Hammond
Mark Hammond, Secretary of State