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(Ře	questor's Name)		
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations		
SUBJE	ст: F	RGI Insurance, LLC	·
		Name of Limited Liability Company	
			Fransact Business in Florida," Certificate of lity company to transact business in Florida
Please	return all correspondence concerning thi	s matter to the following:	
		Reinette Sherbs	
		Name of Person	
		RGI Insurance, LLC	•
		Firm/Company	
	950	0 Ridgebrook Road, Suite 1500	1
		Address	
		Sparks, MD 21152	
		City/State and Zip Code	
		rsherbs@iicdc.com	
		ss: (to be used for future annual report no	offication)
For fur	ther information concerning this matter,	please call:	
	Reinette Sherbs	at (410)	472-6025
	Name of Person	Area Code & Daytime Telepho	ne Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclo	sed is a check for the following ar \$125.00 Filing Fee \$130.00 Feetific	mount:	

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.	RGI Insurance, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	_
	(Name of Foreign Elimited Elability Company, must include Elimited Elability Company, E.E.C., or EEC.)	
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi ompany," "L.L.C," "LLC.")	
2.	Delaware 3. 27-1524076 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	_
	company is organized)	
4.	December 9, 2009 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	_
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	-
	N/A	
Ο.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	I A POPULATION AND A STATE OF THE PO
7.	950 Ridgebrook Road, Suite 1500	
	Sparks, MD 21152	- Vertilities
	(Street Address of Principal Office)	- Chand
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:	
	Relief Group International, LLC	_
	950 Ridgebrook Road, Suite 1500	_
	Sparks, MD 21152	_
the). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptrication under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)	cords in
11	Nature of business or purposes to be conducted or promoted in Florida:	_
	Educational and Consulting Services	_•
	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.)	
	Jeffrev B. Cohen	

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:		
RGI Insurance, LLC		_
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		-
United Corporate Services, Inc.	10 J	<u> </u>
9200 South Dadeland Boulevard, Suite 508 Florida Street Address (P.O. Box NOT ACCEPTABLE)	All -5 P	
Miami FL 33156 City/State/Zip	PM 2: 04 STATE FINDIDA	Ö

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 gent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RGI INSURANCE, 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 THIRTIETH DAY OF DECEMBER, A.D. 2009.

4762259 8300

091149245

Jeffrey W. Bullock, Secretary of Sta AUTHENTICATION: 7729962

DATE: 12-30-09

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