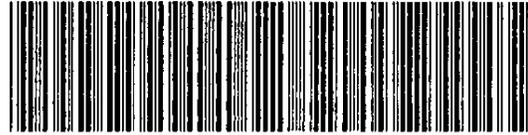


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2011 MAR 25 PM 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 28 2011

EXAMINER

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2011

AMY HOLLAND / PLATINUM SERVICES
137 MAIN STREET
SUITE 400
DUBUQUE, IA 52001

SUBJECT: SUPPLEMENTAL INSURANCE MARKETING, LLC
Ref. Number: W11000013152

We have received your document for SUPPLEMENTAL INSURANCE MARKETING, LLC and your check(s) totaling \$125.00. 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 the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00005644

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Supplemental Insurance Marketing, 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:

Amy Holland
Name of Person

Platinum Services
Firm/Company

137 Main St. Suite 400
Address

Dubuque, IA 52001
City/State and Zip Code

aholland@pltnm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Holland at (563) 557-2504
Name of Person Area Code & Daytime Telephone 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

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

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

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

1. Supplemental Insurance Marketing, 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 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. Iowa 3. 27-1337531
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/11/2009 5. perpetual13
(Date of Organization) (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. 137 Main St. Suite 400 Dubuque, IA 52001
(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:

<u>X Platinum Services, Inc - MGRM</u>	<u>Crema, LLC - MGRM</u>
<u>137 Main St. Suite 400</u>	<u>1275 Milwaukee Ave.</u>
<u>Dubuque, IA 52001</u>	<u>Glenview, IL 60025</u>

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 Sales

Wayne A. Briggs

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Wayne A. Briggs

Typed or printed name of signee

FILED
2011 MAR 25 PM 3:39
SECRETARY OF STATE
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:

Supplemental Insurance Marketing, 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:

Charles T. Wiggins

(Name)

BEGGS and LANE, RLLP

501 Commendancia St.

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

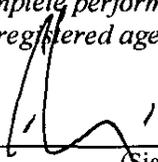
Pensacola

FL
City/State/Zip

32502

FILED
2011 MAR 25 PM 3:39
TALLAHASSEE, FLORIDA
OFFICE OF THE CLERK OF THE SUPREME COURT

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)

**IOWA SECRETARY OF STATE
MATT SCHULTZ**



Date: 1/27/2011

CERTIFICATE OF EXISTENCE

Name: SUPPLEMENTAL INSURANCE MARKETING, L.L.C. (489DLC - 389014)

Date of Incorporation: 11/11/2009

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability company named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Revised Uniform Limited Liability Company Act have been paid by the limited liability company, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS49750

To validate certificates visit:

www.sos.state.ia.us/ValidateCertificate

A handwritten signature in black ink, appearing to read "Matt Schultz", with a long horizontal flourish extending to the right.

Matt Schultz
Iowa Secretary of State