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(Requestor's Name)

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(City/State/Zip/Phone #)

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11 MAY 26 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8838 Old Montgomery Road
Savannah, GA 31406
Phone: (912) 353-7013
Fax: (912) 354-4615
E-Mail: alison@insurancecompliancecenter.com

Insurance Compliance Center, Inc.

May 24, 2010

New Filing Section
Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Foreign Authority Filing: 12 Interactive, LLC

Dear Sir or Madam:

Please find enclosed with this letter what we believe to be a complete and accurate application for filing of the registration for qualification for foreign authority on behalf of the above referenced LLC together with the necessary fees and attachments.

Based on the above, I would like to respectfully request your review of the enclosed materials and if all meets with your approval, the issuance of foreign authority. If you should have any questions or need further documentation during your review please feel free to contact me as our firm has been retained to represent 12 Interactive LLC in this matter.

I do appreciate your assistance in this matter and look forward to your response.

Respectfully,



Alison Klein
Insurance Licensing Specialist

AGK: sm
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 12 Interactive 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:

Alison Klein

Name of Person

Insurance Compliance Center

Firm/Company

8838 Old Montgomery

Address

Savannah, GA 31406

City/State and Zip Code

alison@insurancecompliancecenter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison Klein

Name of Person

at (912) 353-7013

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
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. 12 Interactive, 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. Illinois

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

3. 20-4901764

(FEI number, if applicable)

4. May 18, 2006

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. upon issuance of authority

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 224 West Huron, Suite 6E

Chicago, IL 60654

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

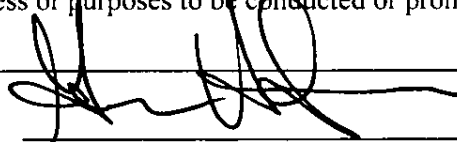
9. The name and usual business addresses of the managing members or managers are as follows:

Gavin Hoffman, 224 W. Huron, Suite 6E, Chicago, IL 60654

Christopher Hill 224 W. Huron, Suite 6E, Chicago, IL 60654

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



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.)

Gavin Hoffman

Typed or printed name of signee

FILED
11 MAY 26 PM 2:16
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:

12 Interactive 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:

CORPORATION Service Company
(Name)

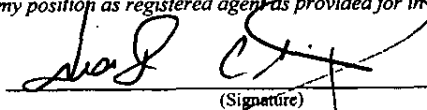
1201 HAYS Street

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

Tallahassee FL 32301

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.

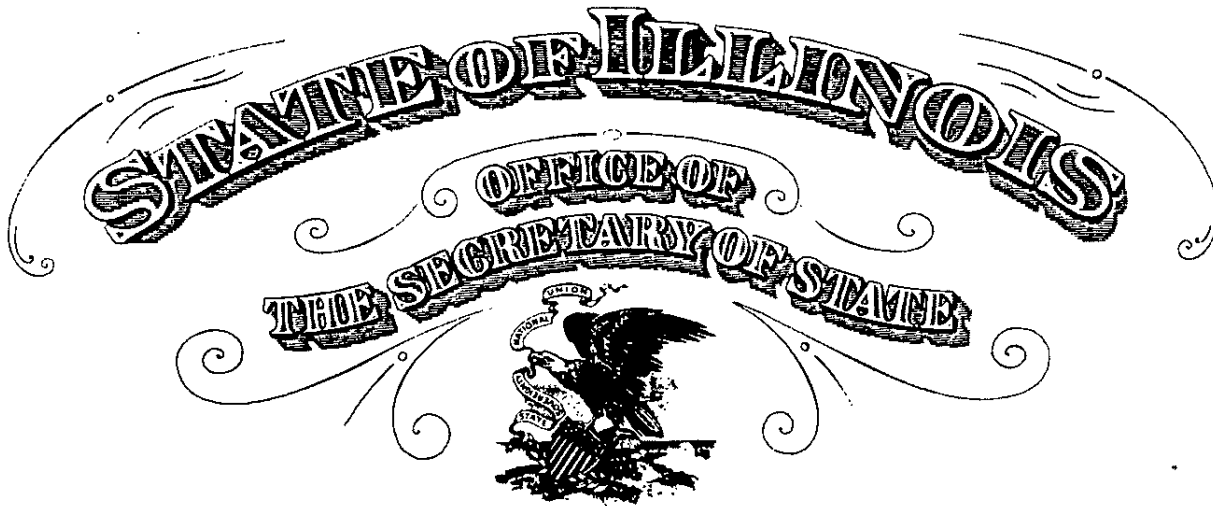

(Signature)

Judith Harbaugh, Assistant V.

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

File Number

0186191-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

12 INTERACTIVE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 18, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1113901124

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 19TH
day of MAY A.D. 2011*

Jesse White

SECRETARY OF STATE