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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

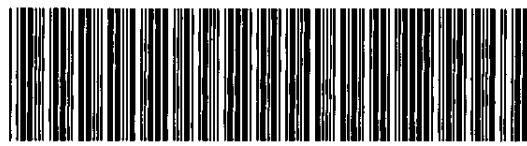
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 AUG 24 FILED
SECRETARY OF STATE
PAMELA MASSIE, FLORIDA
CLERK OF COURT

T. CLINE
AUG 27 2012
EXAMINER



111 N. Railroad St.
P.O. Box 390
Groesbeck, TX 76642
tel. 254.729.8002
www.ilsainc.com

August 20, 2012

Region Code 1433

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **Partners Risk Services, L.L.C.**

The items checked below are enclosed.

- Application for Certificate of Authority
- Check #12247 Amount \$ 125.00
- Certificate of Good Standing
- Articles of Incorporation

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Cara Mose

Cara Mose
Licensing and Compliance Supervisor
111 N. Railroad
P.O. Box 390
Groesbeck, TX 76642
Ph: 254*729*6107
Fax: 254*729*8069
Email: cmose@ilsainc.com

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SCE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2.3047

**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:*

Partners Risk Services, L.L.C.

1. (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. GA 3. 454391784
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/16/2012 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 10692 Medlock Bridge Road Suite 210
Johns Creek, GA 30097
(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:

Michael Royal - 10692 Medlock Bridge Road Suite 210, Johns Creek, GA

See additional officer list

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: _____

Sell Property and Casualty Insurance

Michael P Royal

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.)

Michael P Royal

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:

Partners Risk Services, L.L.C.

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:

C T Corporation System

(Name)

1200 South Pine Island Rd

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

Plantation

FL 33324

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.

Maria Bacta

(Structure)

Maria Ozaeta
Vice President

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

THE HISTORICAL LIBRARY
OF THE UNIVERSITY OF TORONTO

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

PARTNERS RISK SERVICES, L.L.C.

Domestic Limited Liability Company

was formed or was authorized to transact business on 01/16/2012 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 8th day of August, 2012

Brian P. Kemp
Secretary of State

Directors and Officers List
Partners Risk Services, L.L.C.

FEIN: 454391784

10692 Medlock Bridge Road Suite 210
Johns Creek, GA 30097
Phone: 7706092702
Fax: 7706092749

Joseph Thompson

7125 Laurel Oak Drive
Suwanee, GA 30024
Percentage of Ownership: 40 %

Donald Boggus

281 Happy Talk Trail
Jasper, GA 30143
Percentage of Ownership: 21 %

Brady Fergal

511 Veranda Court
Alpharetta, GA 30004
Percentage of Ownership: 8 %

Please accept this letter as a formal notice that our Corporate Director and Officer list has been updated.

Partners Risk Services, L.L.C.
10692 Medlock Bridge Road Suite 210
Johns Creek, GA 30097
Phone: 7706092702
Fax: 7706092749