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B. BOSTICK

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EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: AOA Insurance Services, 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:

Jodi Ann Urseth		
	Name of Person	_
AOA Insurance Service	es, LLC	
	Firm/Company	_
445 Wild Oak Circle		
	Address	_
Longwood, FL 32779		
	City/State and Zip Code	- 12
jodi.urseth@apexco	o.net E	8 7
For further information concerning this matter, p	s: (to be used for future annual report notification)	
Jodi Ann Urseth	at (407) 252-5772	-m -=:
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 am \$125.00 Filing Fee \$\square\$	g Fee & \$\inf\$155.00 Filing Fee & \$\inf\$160.00 Filing Fee, Certiff	

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:

AOA Insurance Services, 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. West Virginia 3. 45-5463611
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
1 02/22/2012 5 perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 _. 55 Meridian Parkway, Suite 111 💮 🚊 📆
Martinsburg, WV 25404
(Street Address of Principal Office)
3. If limited liability company is a manager-managed company, check here ✓
2. The name and usual business addresses of the managing members or managers are as follows:
James Urseth 445 Wild Oak Circle Longwood, FL 32779
Chris Bell 55 Meridian Parkway, Suite 111 Martinsburg, WV 25404
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 ranslation of the certificate under oath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: insurance
- Allen -
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

Typed or printed name of signee

James Urseth

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.)

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:
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AOA Insurance Services	rices	, LLC
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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:

James Urseth				
	ALI	73		
445 Wild Oak Circle	e		0CT -	Empty and
Florida Street Address (P.O. Box NOT ACCEPTABLE)		ある	<u>-</u>	
Longwood	_{FL} 32779		PH h:	
	City/State/Zip		₹ 2	

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

S 25.00 Designation of Projectored A

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

AOA INSURANCE SERVICES, LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on February 22, 2012. The application was received and found to conform to law.

The company is filed as an at will company, for an indefinite period.

I further certify that the company's most recent annual report, as required by West Virginia Code §31B-2-211, has been filed with our office and that a Certificate of Termination has not been issued.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

Validation ID:5WV87_BY8Q9



Given under my hand and the Great Seal of the State of West Virginia on this day of September 22, 2012

Material Element

Secretary of State