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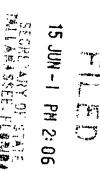
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COVER LETTER

1

TO: Registration Section
Division of Corporations

SUBJECT:	PREMIER INSURA	ANCE PARTNERS LLC				
SCECT.		Name of	Limited Liability	Company		
		reign Limited Liability Comp ed to register the above refer				
Please return	all correspondence	concerning this matter to the	following:		,	
	TERRY DUNG	CAN				
		N	ame of Person			
	AlA, LLC					
		Fi	rm/Company			
	2650 MCCOR	MICK DR STE 200S				
			Address			
	CLEARWATE	ER, FL 33759				
		City/S	tate and Zip Code			
	TDUNCAN@A					
		E-mail address: (to be used	l for future annual	report not	ification)	
For further in	nformation concernin	g this matter, please call:				
TE	RRY DUNCAN		727 . _ at (216-08	59	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

IN COMPLIANCE, WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT REINFINESS IN THE STATE OF FLORIDA:

Liability Company," "LLC," or "LLC," or "LLC.") 2. DELAWARE (Unrisdiction under the law of which foreign limited liability (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 2650 MCCORMICK DR STE 200S CLEARWATER, FL 33759 (Street Address of Frincipal Office) Name: R. NATHAN HIGHTOWER, ESQ Office Address: CLEARWATER Office Address: CLEARWATER Office Address: (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place design this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to cor with the provisions of all statutes relative to the properly and omplete performance of my duties, and I am familiar with and the obligations of my position as registered agent. (Registered agent's signature) R. NATHAN HIGHTOWER. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: AL MARKETING, LLC - MANAGER CLEARWATER, FL 33759	Of name unavailable, enter a	lternate name adopted for t	he purpose of transa	cting business in Florida. The al	ternate name	must inclu	de "Lii	_ nited
Turisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 2650 MCCORMICK DR STE 200S CLEARWATER, FL 33759 (Street Address of Frincipal Office) SAME AS ABOVE (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address) (Name: R. NATHAN HIGHTOWER, ESQ 2650 MCCORMICK DR CLEARWATER (City) (Cit	Liability Company," "L.L.C,		ат ршроог от шшог					
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2650 MCCORMICK DR STE 2008 CLEARWATER, FL 33759 (Street Address of Principal Office) (Mailling Address) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (R. NATHAN HIGHTOWER, ESQ Office Address: (City) (Registered agent and agree to act in this capacity. If further agree to convibit the provisions of all statutes relative to life properly and omplete performance of my duties, and I am familiar with and the obligations of my position as registered agent. (Registered agent's signature) (R. NATHAN) (Registered a	DELAWARE		٦.					_
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(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: R. NATHAN HIGHTOWER, ESQ 2650 MCCORMICK DR CLEARWATER (City)	SAME AS ABOVE	(Street Ad	idress of Principal C	ffice)				
Name: Name: Office Address: R. NATHAN HIGHTOWER, ESQ 2650 MCCORMICK DR CLEARWATER (City) (City)).		<u> </u>					
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CLEARWATER (City) (City) (City) (Zip code) (Cip c		2650 MCCORMICK I	2650 MCCORMICK DR			\$ C.	<u>-</u>	E TOWN
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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

Kins, President of AL Marketing, LC its Manager
Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PREMIER INSURANCE PARTNERS 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 SEVENTH DAY OF MAY, A.D. 2015.

3660064 8300

150627735

AUTHENTICATION: 2355645

DATE: 05-07-15

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