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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

NOV 16 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Insurance Associates of America, 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:

Steven Anderson

Name of Person

Insurance Associates of America, LLC

Firm/Company

17500 W. Liberty Lane

Address

New Berlin, WI 53146

City/State and Zip Code

SteveA@IAANetwork.com

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

For further information concerning this matter, please call:

Steven Anderson

262  
at ( )

789-8500

Name of Contact 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 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 BUSINESS IN THE STATE OF FLORIDA:

1. Insurance Associates of America, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Ins. Assoc. of America, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wisconsin 3. 75-3107551  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Anticipated 1/1/2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 270 S. Tamiami Trail  
Venice, FL 34285  
(Street Address of Principal Office)


6. 17500 W. Liberty Lane  
New Berlin, WI 53146  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Steven Anderson  
Office Address: 270 S. Tamiami Trail  
Venice, Florida 34285  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)


8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Steven Anderson Managing Member

270 S. Tamiami Trail

Venice, FL 34285

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Steven Anderson

Typed or printed name of signer

FILED  
2016 NOV 14 A 10:47  
CLERK OF STATE  
TREASURY OF FLORIDA

United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, DAVID DUECKER, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**INSURANCE ASSOCIATES OF AMERICA, LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 14, 2002.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 08, 2016.

A handwritten signature in black ink, appearing to read 'David Duecker'.

DAVID DUECKER, Deputy Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 189906-AC3257EE