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ROXANNE A. RHODES
Variable Products Compliance Representative

June 9, 1997

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: NALAC Financial Plans, LLC Registration of Broker-Dealer

To Whom it May Concern:

Enclosed is a check in the amount of \$293.75 to cover the following filling fees: application, affidavit, designation of registered agent and certificate of status of the registered broker-dealer.

If you have any questions regarding the submitted information, please give me a call at (800) 542-5427.

Sincerely,

Recanne Bhocles\_

Roxanne A. Rhodes

RAR/rar

400002342984---5

Name
Availability

Document
Examine

Updater

Updater
Verifye

Acknowledgement

W. P. Verifye

#### Allianz Life Insurance Company of North America



ROXANNE A. RHODES
Variable Products Compliance Representative

1750 Hennspin Avenue Minneapolis, MN 55403-2195

Tell Free: 800/328 5600 Ext 6314 Telefax: 612/337 6136

August 6, 1997

Ms. Tammi Cline
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: NALAC Financial Plans, LLC Registration of Broker-Dealer

Dear Ms. Cline:

Attached is your letter dated July 22, 1997 and the Corporate Detail Record Screen which I am returning per our telephone conversation Wednesday, August 6.

if you have any questions, please give me a call at (800) 542-5427.

Sincerely,

Roxanne A. Rhodes

Rajanne Rhode\_

RAR/rar

Atttachment

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If you have any questions, ploase give inc a call at (800) 742-5407.

Committees but telephonic convertings which is any department.



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 22, 1997

ROXANNE A. RHODES 1750 HENNEPIN AVENUE MINNEAPOLIS, MN 55403-2195

SUBJECT: NALAC FINANCIAL PLANS, LLC

Ref. Number: W97000016805

We have received your document for NALAC FINANCIAL PLANS, LLC and your check(s) totaling \$293.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the limited liability company must adopt an alternate name for use in the state of Florida. To adopt an alternate name the entity must submit a resolution signed by a managing member or manager adopting the alternate name for use in the state of Florida. The alternate name must end with "L.L.C.," "L.C.," "Limited Liability Company" or "Limited Company."

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1203.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Letter Number: 197A00037027

Tammi Cline Document Specialist SECRETARY OF STATE OIVISION OF CORPORATIONS

### 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:

Name so con	ALIAC Financial Plans, L of foreign limited liability company m tained in the name at present.)	ust end with the wor	rds "limited company" or their abbrevia		
2	linnesota	3.	( FEI number, if applica		
(Jurisdi compar	ction under the law of which foreign li ny is organized)		-		
4^	November 20, 1996		"Thirty (30) years from a	late of filing	
	(Date of Organization)		Duration: Year limited liability compexist or "perpetual")	any will cease to	
6	upon	qualifica	(15.50) ions 608.501, 608.502, and 817.155, F	710 VIO	
•				i.s.)	
7		<i>1750 Henney</i>	un Avenue	SS.)	
		Minneapolis	, MN 55403	CORP	
	(Street address of principal office)				
	annan dha famainm limidad liabilid				
Will ma	NAME & ADDRESS:	TITLE:	rida: (attach additional page if ne	TITLE:	
will ma	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:	
will ma	NAME & ADDRESS: Thomas Clifford 1750 Hennepin Avenue Winneapolis, HN 5540 Michael Yafes	TITLE: Aresident/ Member		TITLE:	
will ma	NAME & ADDRESS: Thomas Clifford 1750 Hennepin Avenue Winneapolis, MN 5540	TITLE: Aresident/ Member	NAME & ADDRESS:  Catherine Hielke 1750 Hennepin Avenue Minneapolis, MN 55403	TITLE:	
Will ma	NAME & ADDRESS: Thomas Clifford 1750 Hennepin Avenue Winneapolis, HN 5540 Michael Yafes	TITLE: Aresident/ Bember The Treasure The	NAME & ADDRESS:  Catherine Hielke 1750 Hennepin Avenue Minneapolis, MN 55403	TITLE:	

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
NAUAC Financial Plans, LLC deposes and says:	<u>.</u>
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member (s) is	\$ 10,000
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$
4) the amount of cash or property anticipated to be contributed by member(s) is  This total includes amounts from 2 and 3 above.	\$ <u>/0,000</u> .
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$_10,000
Mulat. disting	1/97
Signature of a member or authorized representative of a memb (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	SECRETARY OF STANDIVISION OF CORPORA  97 AUG 13 AM 11:

Filing Fee: \$250.00 for Application and Affidavit

## 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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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TARY OF OF CORPO
STATE RATIONS 11: 09

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.

Susan J. Warne 623-97 (Date)

Filing Fee: \$ 35 for Designation of Registered Agent