LARRY J. SPILKIN SIMCHA SHAPIRO J. MARC FEENEY

Attorneys at Law FILED SECRETARY OF STATE
Telephone: (248) 353-38-1510N OF CORPORATIONS

Telecopier: (248) 353-3815 PM 3: 45 Southfield, Michigan 48086-5039

MAILING ADDRESS:

February 2, 1998

OFFICE ADDRESS: 29621 Northwestern Highway Southfield, Michigan 48034

FLORIDA DEPARTMENT OF STATE Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Consumers Guide to Insurance

Dear Sir/Madam:

Enclosed please find Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Affidavit of Membership and Contributions of Foreign Limited Liability Company, Certificate of Designation of Registered Agent/Registered Office, Certificate showing the date the Articles of Organization were filed and check in the amount of \$285.00 for filing of same. Please file in your usual manner.

Should you have any questions or comments, please do not hesitate to contact the undersigned.

Sincerely,

SPILKIN, SHAPIRO & FEENEY, P.C.

JMF:jjb Enc.

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SPILKIN, SHAPIRO & FEENEY, P.C.

Attorneys at Law

LARRY J. SPILKIN SIMCHA SHAPIRO... J. MARC FEENEY

Telephone: (248) 353-3810 Telecopier: (248) 353-3815

December 26, 1997

29621 Northwestern Highway Southfield, Michigan 48034

FLORIDA DEPARTMENT OF STATE Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> Consumers Guide to Insurance Re:

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Sincerely,

SPILKIN, SHAPIRO & FEENEY, P.C.

J. Marc Feeney

JMF:jjb Enc.

Mr. James Alexander CC:

Name

Availability

Document Examiner

Updater

Updater Verifyer

Acknowledgement

W. P. Verifyer



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 9, 1998

J. MARC FEENEY SPILKIN, SHAPIRO & FEENEY, P.C. P.O. BOX 5039 SOUTHFIELD, MI 48086-5039

SUBJECT: CONSUMERS GUIDE TO INSURANCE, L.L.C.

Ref. Number: W98000000567

We have received your document for CONSUMERS GUIDE TO INSURANCE, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and return your check in order to complete your filing.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

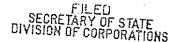
On line 8 of the application the individual listed must be titled manageror managing member.,

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.

Tammi Cline Document Specialist

Letter Number: 398A00001286



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTRORIZATION 50,5 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:

Consumers Guide To Insu (Name of foreign limited liability company so contained in the name at present.)	must end with the	words "limi	ed company" o	r their abbro	eviation "L.C	" if not
Michigan	;	3	<u>38-33799</u> 4	17		
Michigan (Jurisdiction under the law of which foreign company is organized)	limited liability	·	(FEI num	ber, if appli	icable)	
10/17/97	,	5.	Thirty	/ Five	(35)	
(Date of Organization)		(Duration	: Year limited perpetual")	liability con	npany will ce	ase to
1-19-	98	-				
(Date first transacted busine	ss in Florida. (See s	ections 608.	501, 608.502, 2	and 817.155	, F.S.)	
1000 W. McNab, Suite 1	60, Pompano	Beach,	Florida	33069	(Broward	Count
•					····	
	(Street address of					
	(Bucer address or	brincibar or	ice)			
ist name, title, and business address	of each managing	g member	MGRM] or	manager[]	MGR]who	
ist name, title, and business address vill manage the foreign limited liabili NAME & ADDRESS:	of each managing ity company in Fi	lorida: (at	MGRM] or ach addition	al page if	MGR]who necessary) TITLE:	:
All manage the foreign limited liabili	ity company in F	lorida: (at	ach addition	al page if	necessary)	:
NAME & ADDRESS: James K. Alexander	ity company in F	lorida: (at	ach addition	al page if	necessary)	:
NAME & ADDRESS: James K. Alexander 1000 W. McNab	ity company in F	lorida: (at	ach addition	al page if	TITLE:	DIVIS SE
NAME & ADDRESS:	ity company in F	lorida: (at	ach addition	al page if	TITLE:	SECRE
NAME & ADDRESS: James K. Alexander 1000 W. McNab	ity company in F. TITLE: Managua member	lorida: (at	ach addition	al page if	TITLE:	SECRETAR SECRETAR DIVISION OF I
NAME & ADDRESS: James K. Alexander 1000 W. McNab Suite 160	ity company in F. TITLE: Managua member	lorida: (at	ach addition	al page if	TITLE:	FILED SECRETARY OF DIVISION OF CORE
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James K. Alexander 1000 W. McNab Suite 160	ity company in F. TITLE: Managua member	NAMI	ach addition	al page if	TITLE:	SECRETARY OF STATE DIVISION OF CORPORATIONS
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NAME & ADDRESS: James K. Alexander 1000 W. McNab Suite 160	ity company in F. TITLE: Managua member	NAMI	ach addition	al page if	TITLE:	SECRETARY OF STATE DIVISION OF CORPORATIONS

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Consumers G	uide To	Insurance
L.L.C. certifies:		•
1) the above named limited liability company has at least two members;		
2) the total amount of cash contributed by the member(s) is	\$ <u>10,</u> (000.00
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.) and	\$;
b) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)		000.00
Signature of a member or an authorized representative of a mem (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.) James K. Alexander Managene Member	98 FEB. 1	<u>≒≥1</u>
James K. Alexander - Managing Member Typed or printed name of signee	٦	

Filing Fee: \$250.00 for Application and Affidavit

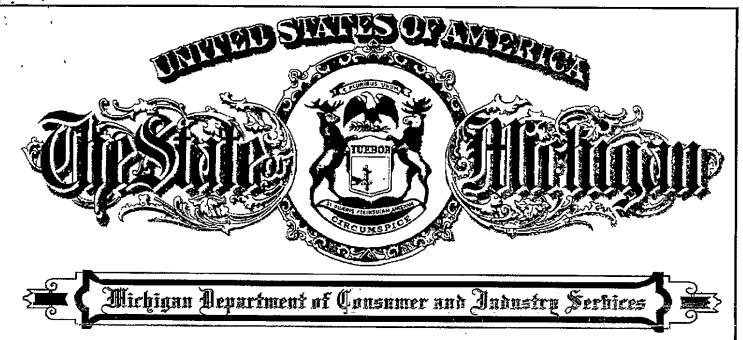
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Consumers Guide To Insurance, L.L.C.	
2. The name and the Florida street address of the registered agent and office are:	
James K. Alexander	DIVISIO 98 F
(Name)	FEB -6
1000 W. McNab, Suite 160	P 350
Florida street address (P.O. Box NOT ACCEPTABLE)	. , , , , , , ,
Pompano Beach FL 33069	ATTONS
City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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.

Filing Fee: \$ 35 for Designation of Registered Agent



Lansing, Michigan

This is to Certify That

CONSUMERS GUIDE TO INSURANCE, L.L.C.

a Michigan limited liability company, filed Articles of Organization in this office on October 17, 1997.

I FURTHER CERTIFY that the Articles are in full force and effect as of this date, and a Certificate of Dissolution has not been filed.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 19th day of December, 1997.

, Director

Corporation, Securities and Land Development Bureau

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