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23 APR 13 PM 12:48
SECRETARY OF STATE
FALL ARREST

FILED

COVER LETTER

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

SUBJECT: Domestication - Emerald Life Insurance Broker, Inc.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Daniel J. Sathre

Name (printed or typed)

1000 W. Lake Street Suite 2000

Address

Chicago, IL 60607

City, State & Zip

6123106491

Daytime Telephone Number

dsathre@goldencroft.com

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

23 APR 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Daniel Sathre, Attorney
(Name) (Title)

of Emerald Life Insurance Broker Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Emerald Life Insurance Broker Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is Illinois - 6/3/2020

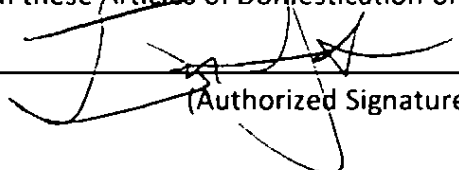
3. The name of the domesticated corporation is Emerald Life Insurance Broker Inc.

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

23 APR 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Emerald Life Insurance Broker Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

429 Lenox Ave.

Miami Beach, FL 33139

Mailing Address

429 Lenox Ave.

Miami Beach, FL 33139

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Insurance Brokerage

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS


THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Paul T. Croft

429 Lenox Ave.

Miami Beach, FL 33139

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.


Signature/Registered Agent

4/6/23
Date

23 APR 13 PM 12:48
SECRET
TALLAHASSEE, FL 32301

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ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Paul T. Croft/CEO

Address: 429 Lenox Ave.

Miami Beach, FL 33139

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

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STATE DEPT OF TREASURY
FALLA ASSOCIATES

FILED

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Paul T. Croft
Signature/Authorized Person

4/6/23
Date