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Attn: Rose Ann

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

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From: Account Name : COREDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
D.C.I. INSURANCE AGENCY INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers OCT 13 2011

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. D.C.I. Insurance Agency Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 20-5280521
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 8/24/2006 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Not applicable
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11532 W. 183rd Street, Suite SW, Orland Park, Illinois 60467
(Principal office address)

11532 W. 183rd Street, Suite SW, Orland Park, Illinois 60467
(Current mailing address)

8. To act as an insurance agency/or brokerage to sell commercial insurance as well as all other types of insurance.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

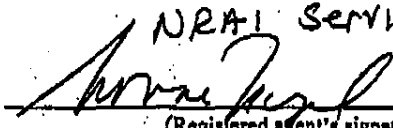
Name: NRAI Service, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(City) (Zip code)

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10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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.

NRAI Service, Inc.

(Registered agent's signature)

Norine Nasir - Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Daniel R. Constantine

Address: 11532 W. 183rd Street, Suite SW, Orland Park, Illinois 60467

Director: David J. Constantine

Address: 11532 W. 183rd Street, Suite SW, Orland Park, Illinois 60467

Carrie A. Constantine, 11532 W. 183rd Street, Suite SW, Orland Park, Illinois 60467

B. OFFICERS

President: Daniel R. Constantine

Address: 11532 W. 183rd Street, Suite SW, Orland Park, Illinois 60467

Vice President: David J. Constantine

Address: 11532 W. 183rd Street, Suite SW, Orland Park, Illinois 60467

Secretary: Carrie A. Constantine

Address: 11532 W. 183rd Street, Suite SW, Orland Park, Illinois 60467

Treasurer: Daniel R. Constantine

Address: 11532 W. 183rd Street, Suite SW, Orland Park, Illinois 60467

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Daniel Constantine* _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. Daniel R. Constantine, President _____

(Typed or printed name and capacity of person signing application)

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File Number 6510-982-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

D.C.I.INSURANCE AGENCY INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 24, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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 Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of OCTOBER A.D. 2011

Jesse White

SECRETARY OF STATE

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