

1.) CORPORATION NAME: FIRST CHOICE INSURANCE INTERMEDIARIES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	DUE DATE: 11/30/2013 SCC ID NO: F1842139 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: FL					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 814 A1A NORTH STE 206 CITY/ST/ZIP: PONTE VEDRA BEACH, FL 32082

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TIM BREEN TITLE: PRESIDENT ADDRESS: 814 A1A NORTH STE 302 CITY/ST/ZIP/CO: PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: BRUCE HOWSON TITLE: EXE VP ADDRESS: 814 A1A NORTH STE 206 CITY/ST/ZIP/CO: PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: LOUIS LAVOVELLI TITLE: CEO ADDRESS: 814 A1A NORTH STE 206 CITY/ST/ZIP/CO: PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TIM BREEN	TIM BREEN, PRESIDENT	3/6/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.