

1.) CORPORATION NAME: BB INSURANCE MARKETING, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 285 GLEN ALLEN, VA	DUE DATE: 2/28/2015 SCC ID NO: F1954587 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>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: FL					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 10167 WEST SUNRISE BLVD 3RD FL CITY/ST/ZIP: PLANTATION, FL 33322

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: JASON BROWN TITLE: PRESIDENT ADDRESS: 10167 WEST SUNRISE BLVD 3RD FL CITY/ST/ZIP/CO: PLANTATION, FL 33322	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: FRANK TABINO TITLE: VICE PRESIDENT ADDRESS: 10167 WEST SUNRISE BLVD 3RD FL CITY/ST/ZIP/CO: PLANTATION, FL 33322	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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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/ JASON BROWN	JASON BROWN, PRESIDENT	4/4/2015
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.