M11000004198

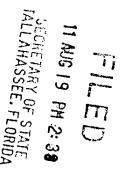
(Requestor's Nam	ne)	
(Address)	.	
(Address)		
(City/State/Zip/Ph	one #)	
PICK-UP WAIT	MAIL	
(Business Entity N	Name)	
(Document Number)		
Certified Copies Certifica	tes of Status	
Special Instructions to Filing Officer:		
1011 mps 2620	0	

Office Use Only



100207383071

05/10/11--01023--020 **125.00



D. BRUCE
AUG 22 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2011

STEFANIE CANTU - ILSA INSURANCE LICENSING SERVICES OF AMERICA P.O. BOX 390 GROESBECK, TX 76642

SUBJECT: THE ELITE GROUP, LLC

Ref. Number: W11000026200

11 AUG 19 PH 2: 38
SECRETARY OF STATE TALLAHASSEE, FLORIDA

We have received your document for THE ELITE GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 911A00011717

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: The Elite	Group, LLC
		nited Liability Company)
Florid		ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please	e return all correspondence concerning this n	natter to the following:
	Stefan	nie Cantu - ILSA
	(Na	ame of Person)
	Insurance Licensi	ng Services of America, Inc.
	(Fin	rm/Company)
	P	.O. Box 390
		(Address)
		Deck, 1A /0042
	(City/St	ate and Zip Code)
For fu	orther information concerning this matter, ple	ease call:
	Stefanie Cantu - ILSA (Name of Person)	at (254)729-6139 (Area Code & Daytime Telephone Number)
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed s a check for the following amount: \$\square\$\square\$	\$155.00 Filing Fee & \$\Bigsim \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO 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:			
The Elite Group, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
Elite Agency Services, LLC			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")			
2. Pennsylvania 3. 233084955			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)			
4. 01/25/2001 5. Perpetual			
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")			
6.			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7. 191 Sheree Boulevard, Suite 200			
Exton, PA 19341			
(Street Address of Principal Office)			
8. If limited liability company is a manager-managed company, check here			
9. The name and usual business addresses of the managing members or managers are as follows: Christine Hegarty 191 Sheree Boulevard, Suite 200, Exton, PA 19341			
Russell Naylor 191 Sheree Boulevard, Suite 200, Exton, PA 19341			
William Naylor 191 Sheree Boulevard, Suite 200, Exton, PA 19341			
Matthew Naylor 191 Sheree Boulevard, Suite 200, Exton, PA 19341			
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)			
11. Nature of business or purposes to be conducted or promoted in Florida:			
Non-Resident Insurance Agency for Profit			
Matio S USL			
Signature of a member or an authorized representative of a member.			
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)			
Mathew 5. Naylor Typed or printed name of signee			

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of The Elite Group, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Pennsylvania
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Elite Agency Services, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date:
Signature(s) of Manager(s) and/or Managing Member(s):
THE SUMMER STATES
·

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:	
The Elite Group, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
Elite Agency Services, LLC	Th.
2. The name and the Florida street address of the registered agent and office are:	11 AUG I
Corporation Service Company	SEE 9
(Name)	一里里们
. 1201 Hays Street, , FL	STATE TORID,
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee, FL 32301 City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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 as provided for in Chapter 608, Florida Statutes.

William W Corrugion

(Signature) William M. Edrington

Authorized Representative

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

AUGUST 18, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE ELITE GROUP, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth