

M130000003256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

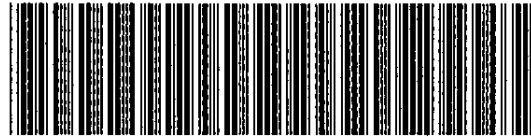
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J. SAULSBERRY
EXAMINER

MAY 23 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Geny Insurance Group, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Shelley McCorkle

Name of Person

Geny Insurance Group, LLC

Firm/Company

992 Davidson Drive, Suite 108

Address

Nashville, TN 37205

City/State and Zip Code

shelley@genyinsurance.com

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

For further information concerning this matter, please call:

Shelley McCorkle

Name of Person

615

at ()

515-3207

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Geny Insurance Group, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Tennessee

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0876321

(FEI number, if applicable)

4. 12/5/2012

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. 06/01/2013

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 992 Davidson Drive, Suite 108

Nashville, TN 37205

(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:

Tracy H. Lomax, 992 Davidson Drive, Suite 108 Nashville, TN 37205

Debra W. McCracken, 992 Davidson Drive, Suite 108 Nashville, TN 37205

John R. Lowther, 580 N Fourth Street, Suite 450 Columbus, OH 43215

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: Agency domiciled in TN & may have clients who have incidental operations in Florida.

Debra W. McCracken

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.)

Debra W. McCracken

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE

**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:

Geny Insurance Group, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

National Corporate Research, LTD., Inc.

(Name)

155 Office Plaza Drive

Florida Street Address (P.O. Box NOT ACCEPTABLE)

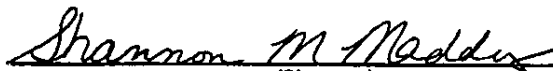
Tallahassee

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.


(Signature)

Asst. Secretary, National Corporate Research

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

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SHELLEY MCCORKLE
992 DAVIDSON DRIVE, SUITE 108
NASHVILLE, TN 37205

May 17, 2013

Request Type: Certificate of Existence/Authorization
Request #: 0097633

Issuance Date: 05/17/2013
Copies Requested: 1

Document Receipt

Receipt #: 1053878 Filing Fee: \$22.25
Payment-Credit Card - TennesseeAnytime Online Payment #: 150423252 \$22.25

Regarding:	Geny Insurance Group, LLC	Control #:	702199
Filing Type:	Limited Liability Company - Domestic	Date Formed:	12/05/2012
Formation/Qualification Date:	12/05/2012	Formation Locale:	TENNESSEE
Status:	Active	Inactive Date:	
Duration Term:	Perpetual		
Business County:	DAVIDSON COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Geny Insurance Group, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Tre Hargett
Secretary of State

Verification # 003061617

Processed By: Cert Web User

Members/ Officers of Geny Insurance Group, LLC

Richard L. Miley, Chief Executive Officer
3050 Loire Lane
Columbus, OH 43221

Tracy H. Lomax, President
512 W Hillwood Blvd.
Nashville, TN 37205

Debra W. McCracken, Vice President
1736 Yellow Wood Court
Nashville, TN 3221

Erin E. West, Treasurer
28 Jefferson Court
Pataskala, OH 43062

John R. Lowther, Secretary
2399 Bexley Park Road
Columbus, OH 43209

MEMBERS:

The Geny Insurance Agency, Inc. 82.1% Ownership
Tracy H. Lomax 7.9% Ownership
Charles Henry Geny 10% Ownership

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MAY 21 2013
CLERK OF COURT
JULIA A. HARRIS