

M1400000 4331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

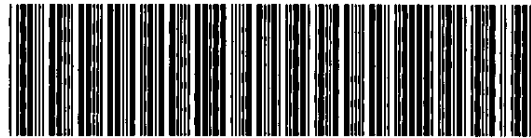
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
14 JUN 17 PM 12:44

JUN 19 2014  
J. HARRIS



111 N. Railroad St.  
P.O. Box 390  
Groesbeck, TX 76642  
tel. 254.729.8002  
www.ilsainc.com

June 11, 2014

Region Code 1580

Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Ref: Application for Certificate of Authority**

Dear Sir/Madam:

We are filing the following documents on behalf of **Cross Pointe Insurance Advisors, LLC**

The items checked below are enclosed.

- Application for Certificate of Authority
- Check #17862 Amount \$ 125.00
- Certificate of Good Standing
- Certificate of Designation
- Directors & Officers List

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

**Porsche Lockhart**

Porsche Lockhart  
Licensing and Compliance Specialist  
111 N. Railroad  
P.O. Box 390  
Groesbeck, TX 76642  
Ph: 254\*729\*6136  
Fax: 254\*729\*8069  
Email: [plockhart@ilsainc.com](mailto:plockhart@ilsainc.com)

31132

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cross Pointe Insurance Advisors, 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:

Porsche Lockhart  
Name of Person  
  
Insurance Licensing Services of America, Inc.  
Firm/Company  
  
111 N Railroad Street  
Address  
  
Groesbeck, TX 76642  
City/State and Zip Code  
  
bchapman@jmrpfp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Porsche Lockhart at ( 254 ) 729-6136  
Name of Contact Person 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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cross Pointe Insurance Advisors, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. AR 3. 272894934  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1120 Garrison Avenue  
Fort Smith, AR 72901  
(Street Address of Principal Office)

6. P.O. Box 1747  
Fort Smith, AR 72902  
(Mailing Address)

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7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Broadstreet Partners Partner 580 North 4th St Suite 450 Columbus, OH 43215

John Baxter President 1120 Garrison Ave Fort Smith, AR 72901

See Attached list

8. 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)

  
Signature of an authorized person

(In accordance with section 605.0203, 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.)

Julie MAUCH  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Cross Pointe Insurance Advisors, 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:

CT Corporation System  
(Name)

1200 South Pine Island Road  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324  
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 605, Florida Statutes.*

Maria Ozaeta  
(Signature)

Maria Ozaeta  
Vice President

\$ 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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Effective: 1/1/14

CROSS POINTE INSURANCE ADVISORS, LLC

Ownership: BROAD STREET PARTNERS owns 80% of LLC

FEIN 80-0876321  
580 North 4<sup>th</sup> Street – Suite 450  
Columbus, OH 43215  
614-212-6212

Trinity Insurance Group owns 20% of LLC

FEIN 27-3632030  
P O BOX 11655  
Fort Smith, AR 72917

Officers: John E. Baxter, President; SS# 429-47-8361; 6400 Rye Hill Road East  
FORT SMITH, AR 72916; 479-806-6772; DOB 2/16/69; Sebastian, USA;  
20% ownership; OFFICER AS OF 9/9/13

Julie M. Mauch, Chief Operations Officer; SS# 310-96-9894;  
12907 Diamond Lane, Ft Smith, AR 72916; 479-434-4139; DOB  
11/12/1970; Sebastian, USA; 0% ownership; OFFICER AS OF 9/9/13

John E. Northrup, Vice President; SS# 063-44-7051; 1816 South 70<sup>th</sup>  
Street Fort Smith, AR 72903; 479-461-8818; DOB 5/9/67; Sebastian, USA  
0% ownership OFFICER AS OF 9/9/13

Jeff Roberts, Chief Financial Officer; SS# 431-15-4068; 108119 S. 4770 Rd.  
Roland, Ok 74954; DOB 8/30/61; Sequoyah, USA; 614-296-1698; 0%  
ownership; OFFICER AS OF 1/1/14

Erin E. West, Secretary ; SS# 270-86-0322; 28 Jefferson Ct. Pataskala, OH  
43062; DOB 3/21/75; Licking, USA; 0% ownership; OFFICER AS OF 1/1/13

John R. Lowther, Treasurer; SS# 277-42-3254; 2399 Bexley Park Rd,  
Columbus, USA;614-235-6942; DOB 6/12/50; Franklin, USA 0%  
ownership; OFFICER AS OF 1/1/13

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DIVISION OF CORPORATIONS



**Arkansas Secretary of State  
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**CROSS POINTE INSURANCE ADVISORS, LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office June 21, 2010.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 4th day of June 2014.

*Mark Martin*

Mark Martin  
Secretary of State

Online Certificate Authorization Code: f9a3020e50d3f23

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)