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 Fax Number : (850) 617-6383

From: Account Name : NRAI CORPORATE SERVICES, INC.  
 Account Number : 120080000023  
 Phone : (651) 225-9500  
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Foreign Limited Liability Company  
Selman & Company, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

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NRAI CORPORATE SERVICES INC

NO. 9408 P. 4/5

**Selman & Company, Inc.**  
**6110 Parkland Boulevard**  
**Cleveland, OH 44124**  
**Phone (440) 646-9336**

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June 19, 2012

Division of Corporations  
Florida Department of State  
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Tallahassee, FL 32314

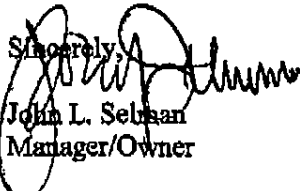
**RE: Selman & Company, LLC - Name Consent**

To Whom It May Concern:

Please note that Selman & Company, Inc. hereby gives consent to Selman & Company, LLC to use the name Selman & Company, LLC in the state of Florida.

Feel free to contact me if you need anything further.

Sincerely,

  
John L. Selman  
Manager/Owner

**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:*

1. Selman & Company, 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. Ohio 3. 45-4079588  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/16/2011 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. 6110 Parkland Boulevard  
Cleveland, OH 44124  
(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:  
John L. Selman 104 Moray Lane, Ocean Forest Cottage 207, Sea Island, GA 31561

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: Insurance Administration

*[Handwritten Signature]*

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.)

John L. Selman  
Typed or printed name of signer

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**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:

Selman & Company, 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:

NRAI Services, Inc.

(Name)

515 East Park Avenue

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

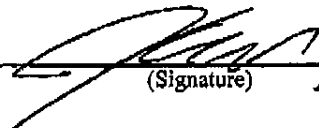
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FL 32301

City/State/Zip

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*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) *Michael B. ... ASST. Sec.*

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

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SELMAN & COMPANY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2068498, was organized within the State of Ohio on December 16, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 29th day of June, A.D. 2012*

*Jon Husted*

Ohio Secretary of State