

Division of Corporations

B080000000237

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000240141 3)))



H080002401413ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
2008 OCT 21 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP

McFarlin Insurance Agency, LLP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

RECEIVED
08 OCT 21 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
OCT 22 2008
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Mc Farlin Insurance Agency, LLP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. MARYLAND 3. 10/12/1995
(State or Country of Formation) (Date of Formation)

4. CT Corporation System
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)

6. 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 relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.

By: Mark S. Sisk Mark Sisk
Signature of Registered Agent Vice President and Assistant Secretary

7. 6315 Hillside Court Suite D Columbia
(Principal office address)

MD 21046

8. If limited partnership is a limited liability limited partnership, check box ☒

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 21 AM 10:03

FILED

9. 6315 Hillside Court Suite D, Columbia
(Mailing address)
MD 21046

10. Name, principal office address, and mailing address of each general partner:

<u>Richard H. Millhouser</u> (Name)	<u>6315 Hillside Court, Ste D</u> (Street Address) <u>Columbia, Maryland 21046</u> (Mailing Address) <u>6315 Hillside Court, Ste. D</u> (Street Address) <u>Columbia, Maryland 21046</u> (Mailing Address)
<u>Jeffrey Scott Anderson</u> (Name)	<u>6315 Hillside Court, Ste D</u> (Street Address) <u>Columbia, Maryland 21046</u> (Mailing Address) <u>6315 Hillside Court, Ste D</u> (Street Address) <u>Columbia, Maryland 21046</u> (Mailing Address)
<u>Dwight E. Leone</u> (Name)	<u>6315 Hillside Court, Ste. D</u> (Street Address) <u>Columbia, Maryland 21046</u> (Mailing Address)

_____	(Mailing Address)
_____	(Street Address)
_____	(Mailing Address)

2008 OCT 21 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

FILED
 2008 OCT 21 AM 10:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 20th day of October, 20 08.

Signature of a general partner:

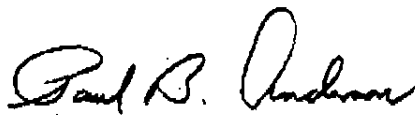
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

STATE OF MARYLAND
Department of Assessments and Taxation

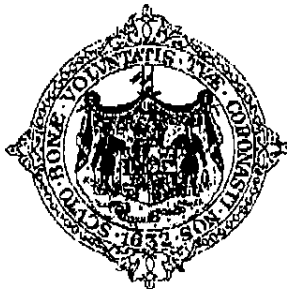
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY PARTNERSHIPS, OR THE RIGHTS OF LIMITED LIABILITY PARTNERSHIPS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MCFARLIN INSURANCE AGENCY, L.L.P. IS A LIMITED LIABILITY PARTNERSHIP EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY PARTNERSHIP IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 21, 2008.



Paul B. Anderson
Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097