

#B14000000198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2014 AUG 25 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 28 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2014

JODIE THOMPSON
INSURANCE LICENSING SERVICES OF AMERICA,
111 N RAILROAD STREET
GROESBECK, TX 76642

SUBJECT: BRYAN INSURANCE AGENCY, LTD
Ref. Number: W14000041896

We have received your document for BRYAN INSURANCE AGENCY, LTD and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 414A00014625



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

July 3, 2014

Region Code 1568

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 **Brvan Insurance Agency, Ltd.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check # 18093 Amount \$1000.00
- ☒ Certificate of Good Standing

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

Please return all filed documents to my attention.

Sincerely,

Ashley Herring

Ashley Herring
Licensing and Compliance Specialist
111 N. Railroad
P.O. Box 390
Groesbeck, TX 76642
Ph: 254*729*6179
Fax: 254*729*8069
Email: aherring@ilsainc.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bryan Insurance Agency, Ltd.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Jodie Thompson

Contact Person

Insurance Licensing Services of America, Inc.

Firm/Company

111 N Railroad Street

Address

Groesbeck, TX 76642

City, State and Zip Code

jthompson@ilsainc.com

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

For further information concerning this matter, please call:

Jodie Thompson

at (254) 729-6129

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET ADDRESS:

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

MAILING ADDRESS:

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

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

1. Bryan Insurance Agency, Ltd.

(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.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. TX

State or Country of Formation

3. 06-23-2004

Date of Formation

4. Federal Employer Identification Number: 201366212

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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.


Signature of Registered Agent

7. Principal Office:

Bryan Insurance Agency, Ltd.

623 Elm Street, Suite 200

Graham, TX 76450

8. Mailing Address:

Bryan Insurance Agency, Ltd.

P.O. Box 839

Graham, TX 76450

9. If limited partnership is a limited liability limited partnership, check box.

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

Name of General Partner: Dennis Bryan

Street Address: 623 Elm Street Suite 200

Graham, TX 76450

Mailing Address: _____

Name of General Partner: Denny Bryan Management, Inc.

Street Address: 623 Elm Street, Suite 200

Graham, TX 76450

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____

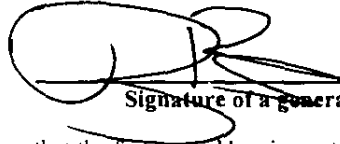
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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 24th day of June, 20 14.


 Signature of a general partner **Dennis G. Bryan**

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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

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 TALLAHASSEE, FLORIDA



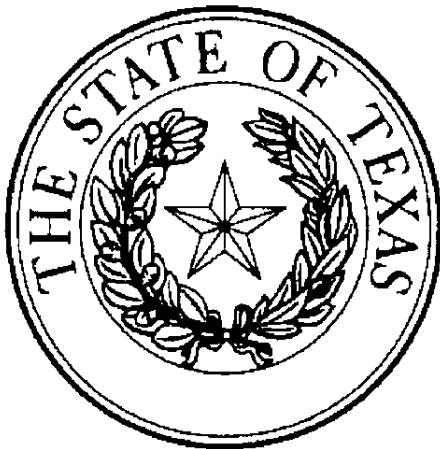
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Conversion for BRYAN INSURANCE AGENCY, LTD. (file number 800357571), a Domestic Limited Partnership (LP), was filed in this office on June 23, 2004.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 30, 2014.



NANDITA BERRY

Nandita Berry
Secretary of State