

#B/5000000147

(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:

WM-73972 GP NOT Reg

Office Use Only



900266907779

12/03/14--01020--015 **1000.00

FILED
2015 MAY 27 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN -1 2015



108506

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2014

ILSA / APRIL MILLS
111 N RAILROAD
GROESBECK, TX 76642

SUBJECT: INSURORS OF TEXAS GENERAL AGENCY, LTD.
Ref. Number: W14000073972

RECEIVED
15 MAY 27 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INSURORS OF TEXAS GENERAL 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 214A00026238

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insurors of Texas General 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:

April Mills

Contact Person

ILSA

Firm/Company

111 N Railroad

Address

Groesbeck, TX 76642

City, State and Zip Code

plightfoot@insurorsopportunity.com

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

For further information concerning this matter, please call:

April Mills

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
--	---	---	---

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

FILED

2015 MAY 27 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Insurors of Texas General 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. 01/01/2004

Date of Formation

4. Federal Employer Identification Number: 741942468

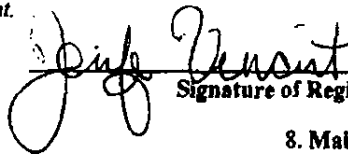
5. Name of Registered Agent for Service of Process and Florida Street Address:

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

Jenifer Vincent
Vice President & Assistant Secretary

7. Principal Office:

225 South Fifth Street

Waco, TX 76701

8. Mailing Address:

P. O. Box 2683

Waco, TX 76702

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: Insurors.Com, Inc.

Street Address: 225 South Fifth Street

Waco, TX 76701

Mailing Address: P. O. Box 2683

Waco, TX 76702

Name of General Partner: Insurors General Partner, LLC

Street Address: 225 South Fifth Street

Waco, TX 76701

Mailing Address: P. O. Box 2683

Waco, TX 76702

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

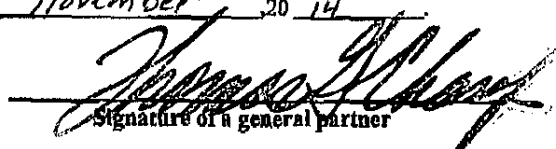
FILED

2015 MAY 27 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA11. Effective date, if other than the date of filing: upon qualification

(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 20 day of November, 20 14


Signature of a general partner

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

JUN. 1. 2015 11:02AM

INSURANCE LICENSING SERVICES

NO. 2303 P. 2

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

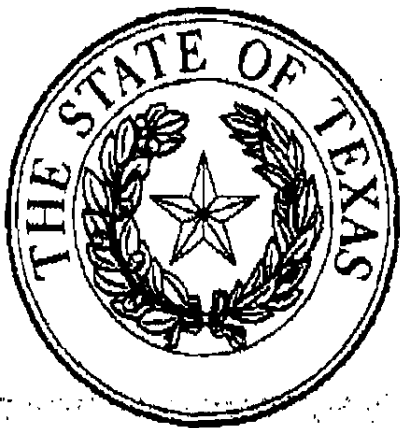
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Conversion for Insurors of Texas General Agency, Ltd. (file number 800284400), a Domestic Limited Partnership (LP), was filed in this office on December 23, 2003.

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

Delayed Effective date: December 31, 2003

FILED
2015 MAY 27 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 May 29, 2015.



Carlos H. Cascos

Carlos H. Cascos
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: SOS-WEB

Fax: (512) 463-5709
TID: 10264

Dial: 7-1-1 for Relay Services
Document: 608932610003