

F/3000003482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

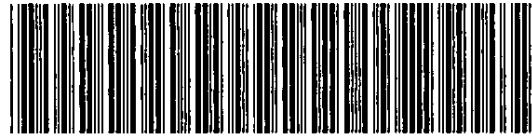
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/12/13--01020--008 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 08/15/13

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

8/7/2013

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: **Linneman Specialty Insurance Services, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention.

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,
Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby
Treasurer & Initial Licg. Spec.
Email: hoverby@kennedylicensing.com

Enc: \$78.75 FEE, App. in dup., Cert. G.S.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Linneman Specialty Insurance Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hailey Overby

Name of Person

Kennedy Licensing Service Inc.

Firm/Company

4144 N. Central Expressway Ste 800

Address

Dallas, TX 75204

City/State and Zip code

hoverby@kennedylicensing.com

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

For further information concerning this matter, please call:

Hailey Overby

Name of Person

at (214) 855-0737

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|--|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Linneman Specialty Insurance Services, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CA

(State or country under the law of which it is incorporated)

3. 27-4507453

(FEI number, if applicable)

4. 12/30/2010

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1990 N. California Blvd. Suite 1055 Walnut Creek, CA 94596

(Principal office address)

P.O. Box 5347 Walnut Creek, CA 94596

(Current mailing address)

8. Nonresident Insurance Agency Sales & Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Registered Agent Solutions, Inc.

Office Address:

155 Office Plaza Drive, Suite A

Tallahassee

(City)

, Florida 32301

(Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

Olana Stal, Asst. Sec

(Registered agent's signature)

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

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Linneman

Address: 1990 N. California Blvd. #1055

Walnut Creek, CA 94596

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Raymond Brown

Address: 1990 N. California Blvd. #1055

Walnut Creek, CA 94596

Exec. Vice President: Kristina Zebratski

Address: 1990 N. California Blvd. #1055

Walnut Creek, CA 94596

Secretary: John Linneman

Address: 1990 N. California Blvd. #1055 Walnut Creek, CA 94596

Treasurer: John Linneman

Address: 1990 N. California Blvd. #1055 Walnut Creek, CA 94596

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kristina Zebratski
Signature of Director or Officer
Exec. Vice President

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. Kristina Zebratski, Exec. Vice President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LINNEMAN SPECIALTY INSURANCE SERVICES, INC

FILE NUMBER: C3340021
FORMATION DATE: 12/30/2010
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

RECEIVED
AUG 05 2013
BY:

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13 AUG 12 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 16, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State