



# MO1000001947

ACCOUNT NO. : 072100000032

REFERENCE : 427196 7183156

AUTHORIZATION : *Patricia Pugh*

COST LIMIT : \$ 155.00

ORDER DATE : August 16, 2001

ORDER TIME : 12:53 PM

ORDER NO. : 427196-005

CUSTOMER NO: 7183156

CUSTOMER: Ms. Heather L. Mortimer  
Hobbs Group, LLC  
4401 Northside Parkway  
Suite 560  
Atlanta, GA 30327

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 AUG 17 PM 1:37  
NOT INTERFERED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

## FOREIGN FILINGS

NAME: HOBBS GROUP INSURANCE  
BROKERS, LLC

600004540346--0

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER: *JB*

*WD-19135 8-27-01*  
*\$4,477.50*

APPROVED  
AND  
FILED  
01 AUG 17 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 17, 2001

CSC  
DEBORAH SCHRODER

SUBJECT: HOBBS GROUP INSURANCE BROKERS, LLC  
Ref. Number: W01000019135

We have received your document for HOBBS GROUP INSURANCE BROKERS, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being retained for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$4477.50.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 001A00047230

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Hobbs Group Insurance Brokers, LLC  
(Name of foreign limited liability company)
2. Massachusetts  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 06-1495303  
(FEI number, if applicable)
4. September 19, 1997  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 1997 - See attached affidavit  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 4401 Northside Parkway, Suite 560  
Atlanta, GA 30327  
(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:

Thomas A. Golub  
4401 Northside Parkway, Suite 560  
Atlanta, GA 30327

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 Brokerage

Carla M. Brown  
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.)

Carla M. Brown, Assistant Secretary  
Typed or printed name of signee



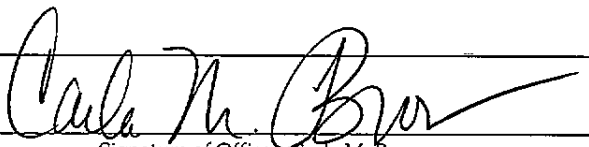
HOBBS | group

## AFFIDAVIT

State        **GEORGIA**    )

County     **FULTON**     )

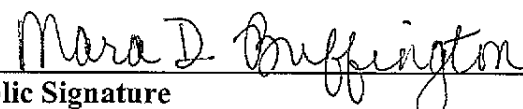
I, Carla Brown, Assistant Secretary of Hobbs Group Insurance Brokers, LLC, being duly sworn, hereby state that an error on the application for Certificate of Authority was made and that Hobbs Group Insurance Brokers, LLC has not conducted any business in the State of Florida and the correction to be made on the application should be "upon qualification".

  
\_\_\_\_\_  
Signature of Officer, Carla M. Brown

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Subscribed and sworn to before me this 23rd day of August, 2001.  
Day                      Month                      Year

[seal]

  
\_\_\_\_\_  
Notary Public Signature

MARA D. BUFFINGTON  
Notary Public, State of Georgia  
DeKalb County

My commission Expires \_\_\_\_\_  
My Commission Expires July 16, 2002

## 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:

Hobbs Group Insurance Brokers, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company		
(Name)		
1201 Hays Street		
Florida street address (P.O. Box <b>NOT</b> ACCEPTABLE)		
Tallahassee	FL	32301
City/State/Zip		

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 TALLAHASSEE, FLORIDA

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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, F.S..*

**KIAN COURTNEY, ASST. V.P.**

(Signature)

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



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

August 16, 2001

TO WHOM IT MAY CONCERN:

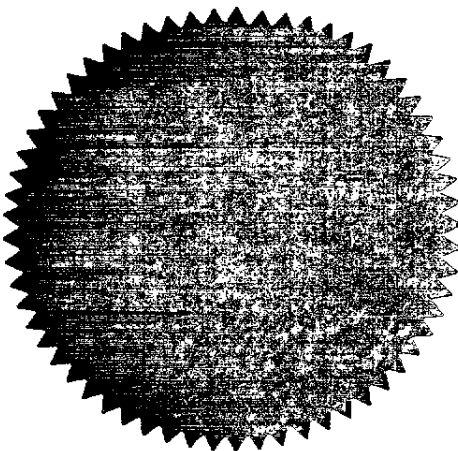
I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

**HOBBS GROUP INSURANCE BROKERS, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **September 19, 1997**.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence.

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AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth