

MO1000002235

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eltekon Insurance Agency, LLC
(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", 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:

Daniel R. Janis

(Name of Person)

MGL Consulting Corporation

(Firm/Company)

10077 Grogan's Mill Road Suite 300

(Address)

The Woodlands, Texas 77380

(City/State and Zip code)

For further information concerning this matter, please call:

Dan Janis

(Name of Person)

at (281) 367-0380 x137

(Area Code & Daytime Telephone Number)

AUG. 20, 2001

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status
& Certified Copy

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MGL Consulting Corporation

10077 Grogan's Mill Road, Suite 300 • The Woodlands, Texas 77380-1030 • 281-367-0380 • Fax 281-364-1452 • www.mglconsulting.com

September 28, 2001

Via Airborne Express

Florida Department of State
Registration Section
Division of Corporations
Attention: Mr. Lee Rivers
409 East Gaines Street
Tallahassee, FL 32399

**RE: Eltekon Insurance Agency, LLC;
Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida.**

Dear Mr. Rivers,

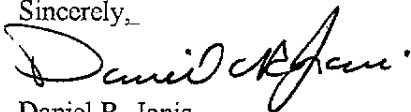
With regard to the above captioned matter, enclosed please find:

- The completed form Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- A company check in the amount of \$37.50 to cover the additional fees for registration of a limited liability company; and
- The original letter received from your department regarding the previous incorrect filing.

Regarding our conversation of September 5, 2001, it was indicated a new certification of status was not needed, and only additional fees representing the difference of the corporation filing fees and the limited liability company fees would be necessary.

Should you have any questions regarding this matter, please call me directly.

Sincerely,



Daniel R. Janis
Associate

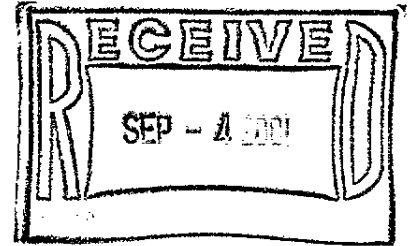
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DRJ

Enclosures (as stated)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State



August 28, 2001

DANIEL R. JANIS
MGL CONSULTING CORPORATION
10077 GROGAN'S MILL ROAD SUITE 300
THE WOODLANDS, TX 77380

SUBJECT: ELTEKON INSURANCE AGENCY, LLC
Ref. Number: W01000020050

We have received your document for ELTEKON INSURANCE AGENCY, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form and fee you submitted were for a corporation, but your entity is an LLC. Enclosed is our blank form with instructions including fees; please complete and return it with the necessary additional fees.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 601A00049055

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

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

1. Eltekon Insurance Agency, LLC
(Name of foreign limited liability company)
2. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 74-2984933
(FEI number, if applicable)
4. 01/17/2001
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 100 Congress Ave. Suite 1700
Austin, Texas 78701
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

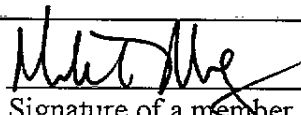
9. The name and usual business addresses of the managing members or managers are as follows:

Mark T. Mangum 100 Congress Avenue Suite 1700 Austin, Texas 78701

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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: Formation of a non-resident
insurance agency.



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.)

Mark T. Mangum

Typed or printed name of signee

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:

Eltekon Insurance Agency, LLC

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

Troy D. Vincent, Sr.

(Name)

3717 Pine Lake Drive

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Weston

FL 33332

City/State/Zip

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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..


(Signature)

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

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



Henry Cuellar
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Organization for ELTEKON INSURANCE AGENCY, LLC (filing number: 708214222), a Domestic Limited Liability Company (LLC), was filed in this office on January 17, 2001.

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

In testimony whereof, I have hereunto signed my name
officially and caused to be impressed hereon the Seal of the
State at my office in Austin, Texas on August 15, 2001.

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A handwritten signature of Henry Cuellar in cursive script.

Henry Cuellar
Secretary of State