

MO2000001918

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brooke Agency Services Company 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:

Anita Larson  
(Name of Person)  
Brooke Agency Services Company LLC  
(Firm/Company)  
10895 Grandview Drive  
(Address)  
Overland Park, Kansas 66210  
(City/State and Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

400006552394--2  
-07/22/02--01060--005  
\*\*\*\*130.00 \*\*\*\*130.00

Anita Larson at ( 913 ) 661-0123  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

MO2-1918  
OK

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



July 19, 2002

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

RE: Foreign LLC Registration Application

Sir or Madam:

Enclosed please find an "Application by Foreign Limited Liability Corporation for  
Authorization to Transact Business in Florida" and a check for the following:

Filing fee - \$100  
Designation of Registered Agent - \$25  
Certificate of Status - \$5

We have also enclosed a transmittal letter, an original Certificate of Good Standing from  
Delaware.

Please contact me if you require additional information or have questions.

Thank you very much.

Sincerely,

Deborah D. Hodes

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Brooke Agency Services Company LLC  
(Name of foreign limited liability company)

2. Delaware 3. 48-1009756  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 24, 2002 5. perpetual  
(Date of Organization) (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. 10895 Grandview Dr., Suite 250  
Overland Park, KS 66210  
(Street address of principal office)

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

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

Shawn T. Lowry, 10895 Grandview Dr., Suite 250, Overland Park, KS 66210

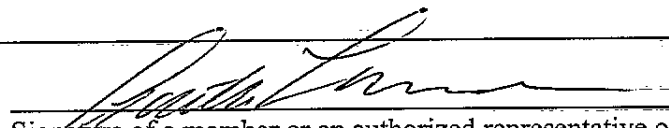
Anita F. Larson, 10895 Grandview Dr., Suite 250, Overland Park, KS 66210

Leland Orr, 205 F St., Phillipsburg, KS 67661-0426

Tim Winchester and Kyle Garst, 10895 Grandview Dr., Suite 250, Overland Park, KS 66210

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: see attachment

  
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.)

Anita Larson

Typed or printed name of signee

**APPLICATION FOR REGISTRATION OF FOREIGN LIMITED  
LIABILITY COMPANY**

**(ATTACHMENT)**

**QUESTION.** Nature of business or purposes to be conducted or promoted in Florida: Business of insurance as an insurance agent or master agent of record for itself and on behalf of other agents and any lawful act or activity or powers permitted to limited liability companies organized under the laws of Florida to the extent authorized by the company's operating statement.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

BROOKE AGENCY SERVICES COMPANY LLC

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

CT CORPORATION SYSTEM  
(Name)

1200 S. PINE ISLAND ROAD  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

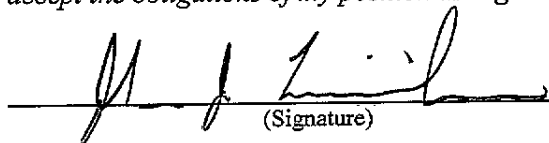
PLANTATION FL 33324  
(City/State/Zip)

SECRETARY OF STATE  
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.*

  
(Signature)

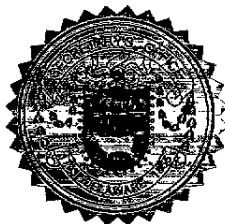
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROOKE AGENCY SERVICES COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2002.



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1873346

DATE: 07-09-02