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03 MAY 21 AM 10:33

**Insurance Licensing Services**

111 N. Railroad Street
Groesbeck, TX 76642

Date 19 May 2003File # 502 East John Street

To:

Registration SectionDivision of CorporationsP.O. Box 6327Tallahassee FL 32314

Dear Sir/Madam:

This transmittal is for filing the following document(s) on behalf of Summit America Insurance Services, L.C.Application by a Foreign Limited Liability Company

Please provide one (1) certified copy

Enclosed are:

Submission Cover Sheet



Application form(s)



Certificate of Good Standing



Articles of Incorporation



Certificate of Designation of Registered Agent

Check for \$155.00 Check # 16368

Check for _____

Please return all filed copied document(s) etc to:**Insurance Licensing Services of America, Inc.****Attn: Tony Allen****111 N. Railroad****Groesbeck, TX 76642**

For any questions regarding this submittal, please contact :

Tony Allen

(254) 729-5670 ext. 25

(254) 729-8069

tallen@licensing4insurance.com

Telephone

Fax

E-Mail

03 MAY 21 AM 10:33
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

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

1. Summit America Insurance Services, L.C.
(Name of foreign limited liability company)

2. Kansas 3. 43-1730101
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/22/1995 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. 5001 College Boulevard, Suite 216
Leawood, KS 66220
(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 F. Wilson Jr. 5001 College Boulevard, Suite 216, Leawood, KS 66220

Paul P. Mayo 5001 College Boulevard, Suite 216, Leawood, KS 66220

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: sell and administer accident/sickness and property casualty insurance-TPA



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.)

Thomas F. Wilson Jr.

Typed or printed name of signee

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03 MAY 21 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Summit America Insurance Services, L.C.

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 **NOT** ACCEPTABLE)

Tallahassee

FL

32301

(City/State/Zip)

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.

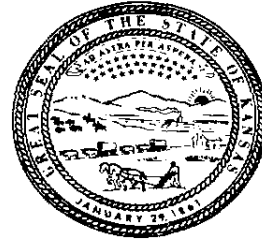
Evelyn Wright
(Signature)

Evelyn Wright/Authorized Representative
of Corporation Service Company

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

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to limited liability companies and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

SUMMIT AMERICA INSURANCE SERVICES, L.C.

is a regularly and properly organized limited liability company under the laws of the State of Kansas, having filed articles of organization in Kansas on the 22nd day of December, A.D. 1995 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
5th day of May, A.D. 2003



RON THORNBURGH
SECRETARY OF STATE

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MAY 21 2003
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