

M05000005817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

M05-5817

(Document Number)

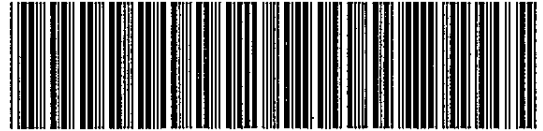
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

GENA BRADSHAW, FLMI
Chief Executive Officer

W.H.L. WOODYARD IV
Chief Operating/Financial Officer

October 6, 2005

Florida Dept. of State
Division of Corporations
2661 Executive Center Cr. W
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed, please find the necessary documents to qualify **U.S. Insurance Group, LLC** to do business in your state.

I trust this letter and the enclosed documents place them in compliance with your state Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Lauri Stone
Corporate Qualification Division

/ls

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. Insurance Group, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Lauri Stone
(Name of Person)

Central Licensing Bureau
(Firm/Company)

1501 N. University, #550
(Address)

Little Rock, AR 72207
(City/State and Zip Code)

For further information concerning this matter, please call:

Lauri Stone at (501) 664-8044
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

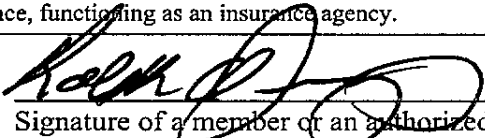
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. U.S. Insurance Group, LLC
(Name of Foreign Limited Liability Company)
2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 62-1759776
(FEI number, if applicable)
4. 11/2/1998
(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, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 835 Georgia Ave.
Chattanooga, TN 37402
(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:
Edward A. Prater, 835 Georgia Ave., Chattanooga, TN 37402
Russell H. Huston, 835 Georgia Ave., Chattanooga, TN 37402
Louis E. Kulovitz and Ralph C. Jennings, 835 Georgia Ave., Chattanooga, TN 37402
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: _____

the business of insurance, functioning as an 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.)

Ralph C. Jennings, COO

Typed or printed name of signee

FILED
05 OCT 14 PM 1:58
CLERK OF DISTRICT COURT
ALLAHASSEE 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:

U.S. Insurance Group, L.L.C.

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

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Weston

FL 33331

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, Florida Statutes.

NRAI Services, Inc.

By: 

(Signature)

Jackie Sorman, Assistant Secretary

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

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 09/29/2005
REQUEST NUMBER: 05272548
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/02/1998
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: 11/02/2098
CONTROL NUMBER: 0360077
JURISDICTION: TENNESSEE

TO:
CENTRAL LICENSING BUREAU INC
LAURI STONE
1501 N UNIVERSITY
LITTLE ROCK, AR 72207

REQUESTED BY:
CENTRAL LICENSING BUREAU INC
LAURI STONE
1501 N UNIVERSITY
LITTLE ROCK, AR 72207

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"U.S. INSURANCE GROUP, L.L.C."

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/29/05

FROM:
CENTRAL LICENSING BUREAU, INC.
SU-550 PROSPECT BLDG
1501 N. UNIVERSITY
LITTLE ROCK, AR 72207-0000

RECEIVED: FEES \$180.00 \$0.00
TOTAL PAYMENT RECEIVED: \$180.00
RECEIPT NUMBER: 00003806210
ACCOUNT NUMBER: 00139870



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE