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SECRETARY OF STATE

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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Parker Stevens Agency, L.L.C.		
(Name of Lim	ited Liability Company)	
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are suliability company to transact business in Florida.		
Please return all correspondence concerning this m	natter to the following:	
Patricia Mueske		_
(Na	ame of Person)	
Sentry Insurance a Mutual Com	· · · · · · · · · · · · · · · · · · ·	—
(Fi	rm/Company)	2006 SEC
1800 North Point Drive		2006 SEP 14 SEGRETAR) ALLAHASS
	(Address)	0 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Stevens Point, WI 54481		P   4 PH  : 43  TARY OF STATE ASSEE, FLORIDA
(City/St	ate and Zip Code)	S <sup>m</sup> ω
For further information concerning this matter, ple	ease call:	
Patricia Mueske	at (_715) 346-7452	
(Name of Person)	(Area Code & Daytime Telephone Nun	nber)
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\mathbb{\mathbb{Z}}\$\$125.00 Filing Fee & Certificate of the following amount:  \$\mathbb{\mathbb{Z}}\$\$\$125.00 Filing Fee & Certificate of the following amount:		e, Certificate & Certified Copy

## 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.	Parker Stevens Agency, L.L.C.	
	(Name of Foreign Limited Liability Company)	
	Wisconsin  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 39-2041981  (FEI number, if applicable)	
4.	October 29, 2001  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	1800 North Point Drive	
	Stevens Point, WI 54481	
	(Street Address of Principal Office)	-
8.	. If limited liability company is a manager-managed company, check here	Cara emin
9.	. The name and usual business addresses of the managing members or managers are as follows:	
	Dale R. Schuh, Janet L. Fagan, William J. Lohr, William M. O'Reilly	700
	1800 North Point Drive, Stevens Point, WI 54481	
th tra	O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record in purished in the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a canslation of the certificate under eath of the translator must be submitted.)  1. Nature of business or purposes to be conducted or promoted in Florida: Insurance sales.	rds in
	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.)  William M. O'Reilly, Manager and Secretary	

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:		
Parker Stevens Agency, L.L.C.		
2. The name and the Florida street address of the registered agent and office are:	2001 SE TAL	
C T Corporation System	2006 SEP SECRET TALLAH	
(Name)	2006 SEP 14 SECRETARY TALLAHAŞŞE	1
1200 South Pine Island Road	PH PH	1
Florida Street Address (P.O. Box NOT ACCEPTABLE)	1: 43 STATE LORID	<sup>n</sup> ir n
Plantation, FL 33324 FL		
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.

Kristine Heiberger 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)

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#### United States of America

#### State of Wisconsin



#### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

#### PARKER STEVENS AGENCY, L.L.C.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is OCTOBER 29, 2001.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 7, 2006.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services Department of Financial Institutions

BY: Patricia Weben

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.