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(Requestor's Name)

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(City/State/Zip/Phone #)

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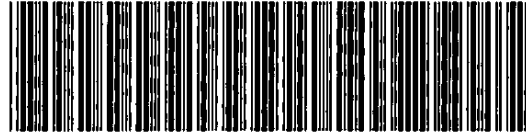
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# BUTLER REGULATORY CONSULTANTS, INC.

September 12, 2006

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

DHL EXPRESS

## RE: SULLIVANCURTISMONROE INSURANCE SERVICES, LLC CERTIFICATE OF AUTHORITY

Gentlemen:

Please be advised that we assist SullivanCurtisMonroe Insurance Services, LLC with their regulatory requirements.

We are enclosing the following documents pertaining to the referenced:

1. Florida Cover Letter, in duplicate.
2. Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida, in duplicate.
3. Certificate of Designation of Registered Agent/Registered Office, in duplicate.
4. Certificate of Good Standing issued by the California Secretary of State for SullivanCurtisMonroe Insurance Services, LLC.
5. Check No. 22864 in the amount of \$130.00 representing the \$100.00 filing fee and \$30.00 representing the fee for the certified copy.
6. Self addressed envelope for the return of the Certificate of Authority.

Please contact the undersigned with any questions.

Sincerely,

  
Brandon P. Thomas

cc: SullivanCurtisMonroe Insurance Services, LLC



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SullivanCurtisMonroe Insurance Services, 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:

Brandi DiTommaso  
(Name of Person)

Butler Regulatory Consultants, Inc.  
(Firm/Company)

P.O. Box 2327  
(Address)

La Habra, CA 90632-2327  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brandi DiTommaso at ( 562 ) 697-2035  
(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  
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. SullivanCurtisMonroe Insurance Services, LLC  
(Name of Foreign Limited Liability Company)

2. California 3. 95-4076864  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/31/2004 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Registration  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2100 Main Street, Suite 350  
Irvine, CA 92614  
(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:

W.R. Curtis & Associates Insurance Brokers, Inc.

2100 Main Street, Suite 350 Irvine, CA 92614

John F. Monroe & Associates, Inc. 2100 Main Street, Suite 350 Irvine, CA 92614

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: Insurance Agency

William R. Curtis  
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 Robert Curtis, President of W.R. Curtis & Associates Insurance Brokers, Inc., Member  
Typed or printed name of signee

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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:

SullivanCurtisMonroe Insurance Services, LLC

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

CT Corporation System  
(Name)

1200 South Pine Island Road  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324  
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, Florida Statutes.*

M. T. Fitzpatrick  
(Signature)

M.T. FITZPATRICK  
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)

**State of California  
Secretary of State**

**CERTIFICATE OF GOOD STANDING  
CALIFORNIA LIMITED LIABILITY COMPANY**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **31st day of December, 2004**, **SULLIVANCURTISMONROE INSURANCE SERVICES, LLC**, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 10, 2006.



A handwritten signature in black ink, appearing to read "Bruce McPherson".

**BRUCE McPHERSON**  
Secretary of State