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Special Instructions to	Filing Officer:	

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SECRETARY STATE

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

### SUBJECT: Interstate First Financial of Marion County, L.L.C.

(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:

Michael Boesch

(1	Name of Person)	
(1)	Firm/Company)	
2536 Countryside Blv	rd., 6th Floor	
	(Address)	
Clearwater FL 33763		
(City/	(State and Zip Code)	
For further information concerning this matter, p	please call:	
Michael Boesch	at ( 727 ) 726-0726	
(Name of Person)	(Area Code & Daytime Telephone Number)	
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:  \$\sum_\$125.00 Filing Fee \$\sum_\$130.00 Filing Fee Certificate		

## 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. Interstate First Financial of Marion Cou	nty, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transact consent of the managers or managing members adopting the alternate name. Tompany," "L.L.C.," "LLC.")	The alternate name must include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability) 3.	5- 1189758·
(Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if applicable)
4. October 3, 2007 5. Perpe	etual
(Date of Organization) (Duration exist or o	etual n: Year limited liability company will cease to "perpetual")
6.	SEI SEI
(Date first transacted business in Florida, if prior (See sections 608.501 & 608.502 F.S. to determine	e penalty liability)
<sub>7.</sub> 2536 Countryside Blvd., 6th Flr	SS. 9 LE
Clearwater FL 33763	Office)
(Street Address of Principal C	Office) ORD
8. If limited liability company is a manager-managed company,	
9. The name and usual business addresses of the managing mem	bers or managers are as follows:
National Development Services, L.L.C.	_
2536 Countryside Blvd., 6th Flr	
Clearwater FL 33763	
10. Attached is an original certificate of existence, no more than 90 days old, duly the jurisdiction under the law of which it is organized. (A photocopy is not accept 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 Sales	
11100	
Signature of a nember or an authorized re	presentative of a member.
(In accordance with section 608.408(3), F.S., the execution	ion of this document constitutes
an affirmation under the penalties of perjury that the fac	

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:	
Interstate First Financial of Marion County, L.L.C.	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Heather North	07 OCT SECRE
(Name)	当日日
2536 Countryside Blvd., 6th Fl	SSEE S
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Clearwater 33763 FL City/State/Zip	11: 02 FLORIDA

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.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERSTATE FIRST FINANCIAL OF MARION COUNTY, L.L.C." 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 THIRD DAY OF OCTOBER, A.D. 2007.

AND STATE OF THE S

Varriet Smith Hindson

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6046977

DATE: 10-03-07