M0800001345

(Requestor's Name)				
(Address)				
•				
(Address)				
•				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Considerations to Filips Officers				
Special Instructions to Filing Officer:				
-				

Office Use Only



500120518715

03/19/08--01034--012 **155.00

*** PROMPT ATTENTION REQUESTED ***

3/11/2008

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Thompson Flanagan and Company, LLC

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$155.00.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,

Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby

Initial Licg. Spec.

Email: hoverby@kennedylicensing.com

cc: Thompson Flanagan and Company, LLC

VICTRIX (FL), Reg. Agt.

Enc: App. in dup.,, Cert. G.S.

COVER LETTER

SUBJECT:	Thompson Flanagan and Comp	any, LLC		
(Name of Limited Liability Company)				
Florida," Ce	-	Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited la		
Please return	n all correspondence concerning th	is matter to the following:		
	Hailey Overby			
		(Name of Person)		
	Kennedy Licensing Service	Inc.		
		(Firm/Company)		
	3878 Oak Lawn Ave # 2	10		
		(Address)		
	Dallas, TX 75219			
	(Cit	y/State and Zip Code)		
For further i	nformation concerning this matter	, please call:		
Hail	ey Overby	at (_214) 855-0737		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
MA	LING ADDRESS:	STREET ADDRESS:		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Talla	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amount: 25.00 Filing Fee \$\square\$	e & \Bigsis \$155.00 Filing Fee & \Bigsis \$160.00 Filing Fee, Certificate te of Status		

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. Thompson Flanagan	and Company, LLC		
	(Name of Foreign Limited	Liability Company)	
2. Illinois		3. 20-1190311	
(Jurisdiction under the law company is organized)	w of which foreign limited liability	(FEI number, if applical	ole)
4. 06/02/2004		5. Perpetual	
(Date of O	Organization)	(Duration: Year limited liability compexist or "perpetual")	oany will cease to
6. Upon Filing			
((Date first transacted business in F See sections 608.501 & 608.502 F.:	Florida, if prior to registration.) S. to determine penalty liability)	08 HAR I
7. 150 N. Wacker Dri	ive, Suite 1900 Chicago, IL	60606	到
			SEE BANGE
•	(Street Addres	s of Principal Office)	2: 2: FLOR
8. If limited liability co	ompany is a manager-manage	d company, check here 🗹	2: 29 STATE FLORIDA
9. The name and usual	business addresses of the ma	naging members or managers are as	follows:
TF Holdings, LLC 1	150 N. Wacker Drive 9th Floor	Chicago, IL 60606	, , , , , , , , , , , , , , , , , , ,
Larkin Flanagan, M	Member of TF Holdings, LLC	same address as above	
	· · · · · · · · · · · · · · · · · · ·		
_	·	days old, duly authenticated by the official ha	-
_	of which it is organized. (A photoco nder oath of the translator must be sul	py is not acceptable. If the certificate is in a formitted.)	rreign language, a
	sad carror as academy lines of car	or much,	
11. Nature of business	or purposes to be conducted of	or promoted in Florida:	
Nonresident Insura	ance Agency Sales & Servio	ces	
	at 7/1	<u></u>	
	Signature of a member or an a	uthorized representative of a membe	- r .
		F.S., the execution of this document constitutes rjury that the facts stated herein are true.)	
	Larkin Flanagan, Member	.ja., iio taoto omiou netent me trae.)	
_		ed 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.

Thompson Flanagan and Company, LLC	
2. The name and the Florida street address of the registered agent and office are:	OB MI TALL
John D. Hatch, Esquire	HAR I
(Name)	9 PH 9 PH
1267 Berkshire Lane, Suite 200	FLO ST
Florida Street Address (P.O. Box NOT ACCEPTABLE)	29 DRIDA
Tarpon Springs pr 34688	

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.

City/State/Zip

· 1. The name of the Limited Liability Company is:

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

THOMPSON FLANAGAN & COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 02, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of FEBRUARY A.D. 2008.

Desse White

Authentication #: 0805101717

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE