M0800002778

(Requestor's Name)
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L. SELLERS JUN 1 2 2008 EXAMINER

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SIGNETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	TECT: Family Financial Group, LLC (Name of I	Limited Liability Company)			
Florid		Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited a			
Please	e return all correspondence concerning the	is matter to the following:			
	Traci Houston				
		(Name of Person)			
	ILSA				
(Firm/Company)					
	(Address)				
	Groesbeck, TX 76642				
	(City	y/State and Zip Code)			
For fu	rther information concerning this matter,	please call:			
	Traci Houston	at (254) 729-6247			
	(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			
Enclos	sed is a check for the following amount: ■ \$125.00 Filing Fee	e & \$\Bigsis \$155.00 \text{ Filing Fee & \$\Bigsis \$160.00 \text{ Filing Fee, Certificate} of Status & Certified Conv. of Status & Certified Conv.			



May 1, 2008

TRACI HOUSTON 111 N. RAILROAD ST. GROESBECK, TX 76642

SUBJECT: FAMILY FINANCIAL GROUP, LLC

Ref. Number: W08000022034

We have received your document for FAMILY FINANCIAL GROUP, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 808A00027628

Leslie Sellers Regulatory Specialist II

Division of Comparations DO POV 6227 Tallahassas Florida 22214

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:

Family Financial Group, LLC	(Name of Foreign Limited Liabili	ity Company)		
	(Name of Foleigh Limited Liabili	ity Company)		
NJ (Jurisdiction under the law of w	3, 27	70039261	nber, if applic	
company is organized)	men foreign fimilied hability	(PEI nun	noer, ir applic	zable)
12-17-02	5. Pe	rpetual		
(Date of Organiz		Duration: Year limite exist or "perpetual")	d liability cor	npany will cease to
Upon Qualification				
(Date (See sec	first transacted business in Florida, tions 608.501 & 608.502 F.S. to de	if prior to registration	n.) lity)	
			-	
5 Walter Foran Blvd., Suite 2010	Flemington N		08822	
	(Street Address of Pri	ncipal Office)		<u> </u>
If limited lightlity common			∇ I	
ii iiiiiied nability compan	y is a manager-managed com	pany, cneck nere	A	
The name and usual busin	ess addresses of the managing	g members or man	agers are a	s follows:
Richard Zell			-	
	8 Gearys Ridge Road	Ringoes	NJ	08551
Leslie Case	129 Sunnyvale Court	Somerset	NJ	08873
Brian Stagnitti	7 Cliffwood Drive	Allentown	NJ	
jurisdiction under the law of which islation of the certificate under care	of existence, no more than 90 days of the it is organized. (A photocopy is not the of the translator must be submitted.	x acceptable. If the cer)	by the official in a tificate is in a	having custody of rec foreign language, a
jurisdiction under the law of which is lation of the certificate under can be about the certificate under can be a supported by the certificate under can	ch it is organized. (A photocopy is not the of the translator must be submitted. poses to be conducted or pror	x acceptable. If the cer)	oy the official tificate is in a	having custody of rec foreign language, a
jurisdiction under the law of which islation of the certificate under care	ch it is organized. (A photocopy is not the of the translator must be submitted. poses to be conducted or pror	x acceptable. If the cer)	oy the official tificate is in a	having custody of rec foreign language, a
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jurisdiction under the law of which islation of the certificate under care. Nature of business or pur Non-Resident Insurance Age Signate (In according to the certificate under care).	ch it is organized. (A photocopy is not the of the translator must be submitted. The poses to be conducted or property of a member of an authorization with section 608.408(3), F.S., the	tacceptable. If the cer moted in Florida: zed representative execution of this docur	of a memb	foreign language, a
jurisdiction under the law of which islation of the certificate under car. Nature of business or pur Non-Resident Insurance Ag Signation (In according to the certificate under car.)	ch it is organized. (A photocopy is not the of the translator must be submitted. The poses to be conducted or property of a member of an authorization with section 608.408(3), F.S., the lation under the penalties of perjury that	tacceptable. If the cer moted in Florida: zed representative execution of this docur	of a memb	foreign language, a
jurisdiction under the law of which islation of the certificate under car. Nature of business or pur Non-Resident Insurance Ag Signati (In accordan affirm	ch it is organized. (A photocopy is not the of the translator must be submitted. The poses to be conducted or property of a member of an authorization with section 608.408(3), F.S., the lation under the penalties of perjury that	tacceptable. If the cer moted in Florida: zed representative execution of this docur t the facts stated herein	of a memb	foreign language, a 2009 JUI

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.

	nancial Group, LLC		
If name una	vailable, the alternate name to be used in the state of Florida is:		
2. The nan	e and the Florida street address of the registered agent and office are:		
	Corporation Service Company		
	(Name)		
	1201 Hays Street		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee _{FL} 32301		

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.

Corporation Service Company
BY: William M. Edvington
(Signature)

\$ 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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STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

FAMILY FINANCIAL GROUP, L.L.C.

0600157123

With the Previous or Alternate Name

FAMILY NEWCO, L.L.C. (Previous Name) FARM FAMILY FINANCIAL GROUP, L.L.C. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 17, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Brian Stagnitti
Family Financial Group
5 Walter Foran Blvd.; Suite # 2010
Flemington, NJ 08822



Certification# 111642496

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of March, 2008

R. David Rousseau
Acting State Treasurer.

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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