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JUN 23 2008

EXAMINER



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06/20/08--01015--022 **160.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CTK North American, LLC (Name of Limi	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Charles T. Kelly	
(Nai	me of Person)
CIC Insurance Brokers, LL	
(Fin	m/Company)
8041 Saddle Creek Road	
•	(Address)
Abilene, TX 79602	
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ase call:
Carol Kelly	at (325) 698-3998
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$\sum \$160.00 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. CTK North American, LLC (Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted for the purportionsent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")		
_{2.} Oklahoma	20-5708353	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
_{4.} 10-03-2006	: Perpetual	
(Date of Organization)	(Duration: Year limited liability company exist or "perpetual")	will cease to
6.		S IAE
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)	WILL STORY
7. 5101 Classen Cl. Suite 300, Oklahom	na City, OK 73118	20 위로
(Street Address	of Principal Office)	र हैं
8. If limited liability company is a manager-managed	company, check here 🔽	
9. The name and usual business addresses of the mana	aging members or managers are as follo	ows:
Michael F. Ross, John C. Hester, Edw		
Suite 300, Oklahoma City, OK 73118), Ric	chard Siemer (1240 N. Lakeview	/ Ave. #240,
Anaheim, CA 92807), Charles T. Kelly	y (8225 S. FM 707, Abilene,	TX 79602)
10. Attached is an original certificate of existence, no more than 90 d he jurisdiction under the law of which it is organized. (A photocopy ranslation of the certificate under oath of the translator must be subm	is not acceptable. If the certificate is in a foreign	
11. Nature of business or purposes to be conducted or	promoted in Florida: Insurance	
(In accordance with section 608.408(3), F. an affirmation under the penalties of perju	horized representative of a member. S., the execution of this document constitutes	•
Charles T. Kelly		

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.

CIK NORI	American, LLC
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:
	CT Corporation System
	CT Corporation System (Name)
	(Name)
	(Name) 1200 South Pine Island Road

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.

Michael E. Jones

Assistant Secretary

(Signature)

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

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>CTK NORTH AMERICAN</u>, <u>L.L.C.</u> whose registered agent is <u>STEPHEN P GARRETT</u>, with its registered office at <u>2000</u> <u>CLASSEN BLVD 7 NORTH OKLAHOMA CITY 73106 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>29th</u>, day of <u>April</u>, <u>2008</u>.

Secretary Of State

M. hisan Javage