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(Requestor's Name)

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(Business Entity Name)

(Document Number)

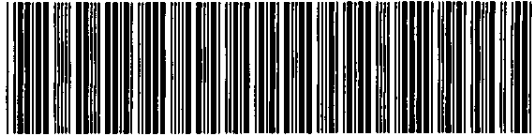
Certified Copies _____ Certificates of Status _____

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Office Use Only

P08-25228
W08-45297



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09 OCT 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
OCT 13 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Beginnings Insurance Agency, 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:

Marilyn J. Clark, Paralegal
(Name of Person)

Franzen and Salzano, P.C.
(Firm/Company)

40 Technology Parkway South, Suite 202
(Address)

Norcross, Georgia 30092
(City/State and Zip Code)

For further information concerning this matter, please call:

Marilyn J. Clark at (877) 715-8392, Ext. 227
(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

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TALLAHASSEE, FLORIDA

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



FRANZEN AND
SALZANO, P.C.

ATTORNEYS AT LAW

Telephone: 770-248-2885
Facsimile: 770-248-2883

40 Technology Parkway South, Suite 202
Norcross, Georgia 30092-2906
www.franzen-salzano.com

September 26, 2008

**VIA OVERNIGHT DELIVERY
FEDERAL EXPRESS TRACKING # 7980 2192 7762**

Registration Section
- Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: New Beginnings Insurance Agency, LLC

To Whom It May Concern:

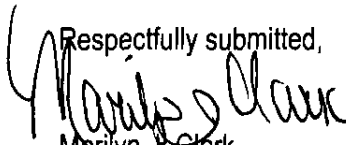
Enclosed please find the completed **Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida**, submitted on behalf of New Beginnings Insurance Agency, LLC. Additionally, please find the following supporting documents:

- Applicant's Check #1012 in the amount of \$130.00 [Filing Fee]; and
- A *Certificate of Existence* issued the Office of the Secretary of State of Georgia.

Our office is assisting New Beginnings Insurance Agency, LLC with its licensing endeavors in Florida, and other states; therefore please communicate directly with our office with regard to the enclosed documents.

If you should have any questions or should require any additional information, please do not hesitate to contact me by telephone at (877) 715-8392, Ext. 227 or by email mclark@franzen-salzano.com. Thank you in advance for your assistance.

Respectfully submitted,


Marilyn J. Clark
Paralegal

/MJC

cc: M. Hodge
file

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 10 AM 10:15

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2008

MARILYN J CLARK, PARALEGAL
40 TECHNOLOGY PARKWAY SOUTH, STE 202
NORCORSS, GA 30092

SUBJECT: NEW BEGINNINGS INSURANCE AGENCY, LLC
Ref. Number: W08000045297

We have received your document for NEW BEGINNINGS INSURANCE AGENCY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P08000025228.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 708A00052197

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08 OCT 10 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FRANZEN AND
SALZANO, P.C.

ATTORNEYS AT LAW

Telephone: 770-248-2885
Facsimile: 770-248-2883

40 Technology Parkway South, Suite 202
Norcross, Georgia 30092-2906
www.franzen-salzano.com

October 8, 2008

**VIA OVERNIGHT DELIVERY
FEDERAL EXPRESS TRACKING # 7980 3241 1973**

Marsha Thomas
Florida Department of State
- Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: New Beginnings Insurance Agency, LLC [Ref #W08000045297]

Dear Ms. Thomas:

Thank you for your correspondence of October 1, 2008. Our client has chosen to use the fictitious name of **New Beginnings Insurance Group, LLC** in Florida. I have spoken with the Division of Corporations to confirm its availability and amended the enclosed **Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida** accordingly. Further, I have enclosed a copy of the Resolution to adopt the fictitious name for use in the state of Florida.

I would like to also take the opportunity to say "thank you" again to Diane, at the Division of Corporations, for her courtesy and assistance while providing direction to me. So often I experience less than courteous, sometimes rude, encounters with state agency personnel in the various states.

If you should have any questions, or should require additional information, please do not hesitate to contact me by telephone at (877) 715-8392, Ext. 227 or by email at mclark@franzen-salzano.com. Thank you for your assistance.

Respectfully submitted,

Marilyn J. Clark
Paralegal

/MJC

cc: M. Hodge
file

M:\New Beginnings\Qualifications\Florida\10-08-08 FL SOS [Re-submit COA App with Fictitious name].doc

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STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. New Beginnings Insurance Agency, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

New Beginnings Insurance Group, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Georgia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 94-3437988

(FEI number, if applicable)

4. September 15, 2008

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6.

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

7. 4460 Atlanta Hwy., Suite C

Loganville, GA 30052

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

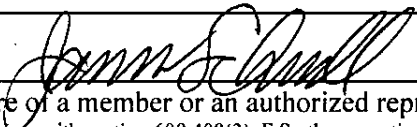
9. The name and usual business addresses of the managing members or managers are as follows:

James Schrull [Managing Member] 3280 Commerce Avenue, Duluth, GA 30096

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**


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.)

James Schrull, Managing Member

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:

New Beginnings Insurance Agency, LLC

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:

C T Corporation System

(Name)

120 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL

33324

City/State/Zip

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 Seraphin
(Signature)

Michael Seraphin Asst. Secretary

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

08 OCT 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FROM : 1-800-WE-INSURE

FAX NO. :

Oct. 07 2008 04:33PM P2

**LIMITED LIABILITY COMPANY ADOPTING A FICTITIOUS NAME
FOR USE IN THE STATE OF FLORIDA**

I, Marvin L. Hodge, the undersigned Chief Financial Officer of **New Beginnings Insurance Agency, LLC**, a limited liability company organized and existing under the laws of the State of Georgia, do hereby certify that the following resolution of the Members of said limited liability company was duly adopted on October 7, 2008:

"RESOLVED, due to a name conflict the true name of **New Beginnings Insurance Agency, LLC** is not available for use in the State of Florida, hereby **New Beginnings Insurance Agency, LLC** adopts the name of **New Beginnings Insurance Group, LLC** as a fictitious name for use in the State of Florida."

Executed this 7th day of October, 2008.

New Beginnings Insurance Agency, LLC

BY: 

Marvin L. Hodge, Chief Financial Officer

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TALLAHASSEE, FLORIDA

Control No. 08071550

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

NEW BEGINNINGS INSURANCE AGENCY, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 09/15/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 24th day of September, 2008

Karen C Handel
Secretary of State