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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

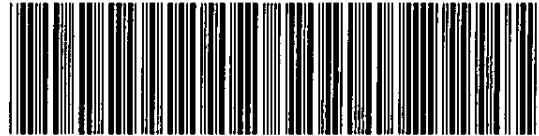
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/04/09--01007--002 **155.00

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09 FEB -4 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

1/20/2009

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

Re: **Castle Insurance Group, 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: hoveryby@kennedylicensing.com

cc: Castle Insurance Group, LLC
VICTRIX (FL), Reg. Agt.

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

**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. Castle Insurance Group, LLC
(Name of Foreign Limited Liability Company)

2. Wyoming 3. 20-8074074
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/04/2006 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 1209 Sans Souci Parkway
Wilkes-Barre, PA 18706
(Street Address of Principal Office)

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

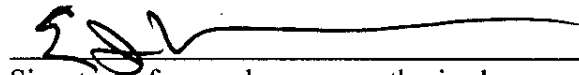
9. The name and usual business addresses of the managing members or managers are as follows:

see attached

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: _____

Nonresident Insurance Agency Sales & Services


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.)

Eric Haines, Member

Typed or printed name of signee

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TALLAHASSEE FLORIDA

**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:

Castle Insurance Group, LLC

2. The name and the Florida street address of the registered agent and office are:

John D. Hatch, Esquire

(Name)

1267 Berkshire Lane, Suite 200

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

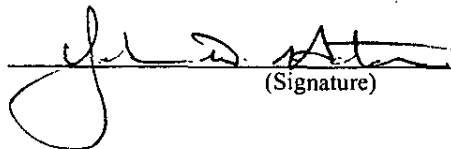
Tarpon Springs

FL 34688

City/State/Zip

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TALLAHASSEE 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.


(Signature)

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

Castle Insurance Group, LLC
OFFICERS AND DIRECTORS

Eric Haines
Member
1211 Sans Souci Parkway
Wilkes-Barre, PA 18706

Charles Black
Member
25% Ownership
Home & Business Address
4545 Jenkins Dr.,
Plano TX 75024

Vik Jain
Member
25% Ownership
Home & Business Address
5021 Southern Hills Drive
Frisco, TX 75034

Carol Haines
Member
25% Ownership
411 Larchmont Way
Mt. Top, PA 18707

Ivan Dobrin
Member
25% Ownership
Home & Business Address
1161 NW 94th Ave
Plantation, FL 33322

Business Address:
1209 Sans Souci Parkway
Wilkes-Barre, PA 18706

State of Wyoming

Office of the Secretary of State



DEC 29 2008

United States of America, }
State of Wyoming } ss.

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Castle Insurance Group, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 4, 2006**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2006-000526322**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports, and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of December, 2008 at 9:00 AM.



Max Maxfield

Secretary of State

By *Rosalie Gonzales*
