

MD9 000001834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

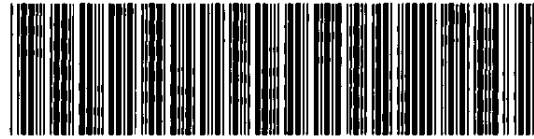
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2009 MAY 14 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

MAY 15 2009

EXAMINER

MGL Consulting Corporation

9303 New Trails Drive, Suite 400, The Woodlands, Texas 77381 • 281-367-0380 • Fax 281-364-1452 • www.mglconsulting.com

May 12, 2009

Via UPS

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

RE: The Odell Studner Group, LLC.; Request to register the agency in the state of Florida.

Dear Sir/Madam:

With regard to the above captioned matter, we would like to request a Certificate of Authority regarding The Odell Studner Group, LLC. Our client has asked that we handle their insurance agency licensing and state registration with the State of Florida. Therefore, on behalf of our client, enclosed please find the following documents:

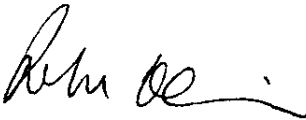
1. One originally executed Florida application for authorization to transact business;
2. One original Certificate of Good Standing from the state of Pennsylvania; and
3. One check in the amount of \$160.00 to cover the filing fee, certificate of status and certified copy.

Please return the approved Certificate of Authority in the enclosed UPS envelope to my attention at the following address:

MGL Consulting Corporation
Attention: Insurance Division – Debra Hosein
9303 New Trails Road, Suite 400
The Woodlands, Texas 77381

Should you have any questions regarding this request or require additional documentation, please call me directly.

Sincerely,



Debra Hosein
Licensing Specialist

ddh
Enclosures (as stated)

cc: Jo Hannah Bunn – The Odell Studner Group, LLC (w/ enclosures) 5041 .6 121

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Odell Studner Group, 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:

Jo Hannah Bunn
(Name of Person)

The Odell Studner Group, LLC
(Firm/Company)

100 Matsonford Road, Suite 100 Bldg 3
(Address)

Radnor PA 19087
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Debra Hosein at (281) 367-0380 ext 169
(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

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

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. The Odell Studner Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Pennsylvania 3. 26-2942820
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/07/2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 100 Matsonford Road, Suite 100 Bldg 3
Radnor, PA 19087
(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:

Steven A Odell 100 Matsonford Road, Suite 100 Bldg 3 Radnor, PA 19087

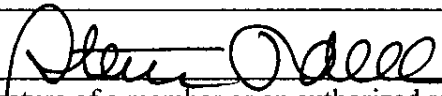
Robert D Odell 100 Matsonford Road, Suite 100 Bldg 3 Radnor, PA 19087

Joseph Brett Studner 100 Matsonford Road, Suite 100 Bldg 3 Radnor, PA 19087

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 sales and 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.)

Steven Odell
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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:

The Odell Studner Group, 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)		
1200 South Pine Island Road		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation	FL	33324
City/State/Zip		

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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.

C T Corporation System

By: Jane Zachritz
(Signature)

Jane Zachritz
Assistant Secretary

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 12, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE ODELL STUDNER GROUP, LLC

**is duly organized as a Pennsylvania Limited Liability Company under the laws of
the Commonwealth of Pennsylvania and remains subsisting so far as the records
of this office show, as of the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Contis

Secretary of the Commonwealth