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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. HAMPTON

SEP 25 2009

EXAMINER

KLC

31-1819007

237

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fidelity Group Insurance Professionals, 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:

Kristy Carter
(Name of Person)

ILSA
(Firm/Company)

P.O. Box 390
(Address)

Groesbeck, TX 76642
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristy Carter at (254) 729-6107
(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



111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
tel 254.729.8002
licensing4insurance.com

September 22, 2009

Region Code 237

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
237, 237 32301

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **Fidelity Group Insurance Professionals, LLC**

The items checked below are enclosed.

- | | |
|-------------------------------------|--|
| ☒ | Application for Certificate of Authority |
| ☒ | Check #101434 \$ 125.00 |
| ☒ | Certificate of Good Standing |

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Traci Houston

Traci Houston
Licensing and Compliance
PO Box 390
111 N. Railroad
Groesbeck, TX 76642
Ph: 254*729*6157
Fax: 254*729*8069
thouston@licensing4insurance.com

(5691)

**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. Fidelity Group Insurance Professionals, LLC
(Name of Foreign Limited Liability Company)
2. KS 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 2/27/2003 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. 3400 College Blvd., Suite 150
Leawood KS 66211
(Street Address of Principal Office)

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

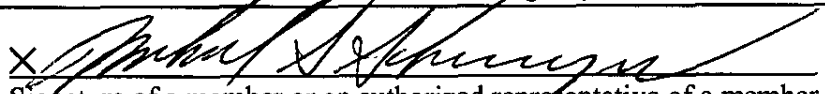
9. The name and usual business addresses of the managing members or managers are as follows:

<u>Craig Seiler</u>	<u>3217 W 154th St</u>	<u>Overland Park</u>	<u>KS</u>	<u>66224</u>
<u>Joseph Walrod</u>	<u>12544 Farley</u>	<u>Overland Park</u>	<u>KS</u>	<u>66213</u>
<u>Michael Schroeger</u>	<u>6110 Rosehill Road</u>	<u>Shawnee</u>	<u>KS</u>	<u>66216</u>

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: _____

Non-Resident Insurance Agency

X 
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.)

Michael Schroeger

Typed or printed name of signee

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DIVISION OF CORPORATIONS
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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:

Fidelity Group Insurance Professionals, LLC

2. The name 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

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.

Corporation Service Company

By:

William M. Edrington

(Signature)

William M. Edrington, Authorized Representative

\$ 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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DIVISION OF CORPORATIONS

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: FIDELITY GROUP INSURANCE PROFESSIONALS LLC

Structure: KANSAS LIMITED LIABILITY COMPANY

Business Entity ID Number: 3437829

Was filed in this office on February 27, 2003 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 11 of September, 2009.

RON THORNBURGH
SECRETARY OF STATE

Certificate ID: 222143 - To verify the validity of this certificate please visit <https://www.accesskansas.org/businessentity/validate.html> and enter the certificate ID number.