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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

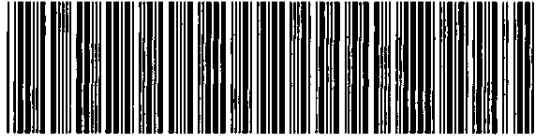
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV -9 AM 10:12

B. KOHR

NOV 12 2009

EXAMINER

**KENNEDY LICENSING SERVICE, INC.**

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

11/5/2009

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

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SECRETARY OF CORPORATIONS  
09 NOV -9 AM 10:12

Re: **PFS 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.

***Deanna Stanley***

Deanna Stanley  
Vice President & Initial Lic'g Manager  
Email: [dstanley@kennedylicensing.com](mailto:dstanley@kennedylicensing.com)

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

Enc: \$155.00 fee, App. in dup.,, Cert. G.S.

**COVER LETTER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV -9 AM 10:12

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PFS Insurance 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:

Deanna Stanley  
(Name of Person)

Kennedy Licensing Service, Inc.  
(Firm/Company)

4144 N. Central Expy., Suite 800  
(Address)

Dallas, TX 75204  
(City/State and Zip Code)

For further information concerning this matter, please call:

Deanna Stanley at ( 214 ) 855-0737  
(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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. PFS Insurance Group, LLC DBA: LBN Insurance Agency  
(Name of Foreign Limited Liability Company)

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

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 3/30/01  
(Date of Organization)

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

6. 10/1/09  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4848 Thompson Pkwy., Suite 200 Johnstown, CO 80534  
  
(Street Address of Principal Office)

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

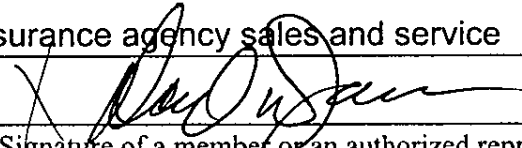
9. The name and usual business addresses of the managing members or managers are as follows:

SEE ATTACHED LIST

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 and service

  
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.)

David M. Janssen, Member

Typed or printed name of signee

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DIVISION OF CORPORATIONS  
09 NOV 12  
AM 10:12

**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:

PFS Insurance Group, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

~~LBN Insurance Agency~~

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

*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)

**PFS INSURANCE GROUP, LLC  
STOCKHOLDERS / MEMBERS**

Pinnacle Financial Services  
85.07% Stockholder  
1609 E. Harmony Rd.  
Fort Collins, CO 80525

Centennial Benefit Group, Inc.  
7.56% Stockholder  
4812 S. College Ave.  
Ft. Collins, CO 80525

Jason T. Jarvis  
3.57% Stockholder  
Member  
2718 Coal Bank Dr.  
Ft. Collins, CO 80525

Chris J. Semmens  
Member  
4300 Wellington  
Ft. Collins, CO 80526

Robert A. Ingalls  
2.55% Stockholder  
Member  
5114 Old Post Rd.  
Yuma, CO 80759

David B. Schwerin  
3.19% Stockholder  
Member  
1001 Alta Ct.  
Craig, CO 81625

Shawn J. Osthoff  
0.35% Stockholder  
Member  
3627 Rocky Stream Dr.  
Ft. Collins, CO 80528

Robert P. Harding  
1.28% Stockholder  
Member  
5224 Old Post Rd.  
Yuma, CO 80759

David M. Janssen  
Member  
309 Pelican Cove  
Windsor, CO 80550

OCT 26 2009

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**PFS INSURANCE GROUP, LLC**

is a **Limited Liability Company** formed or registered on 03/30/2001 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20011066650.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/15/2009 that have been posted, and by documents delivered to this office electronically through 10/21/2009 @ 08:40:43.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/21/2009 @ 08:40:43 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7485714.



*Bernie Buescher*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*