# MICOCOCARA

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Degument Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
JUN 2 5 2010		
EXAMINER		

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#### Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

June 21, 2010

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify KPF Insurance Services LLC to transact business in your state.

I trust this letter and the enclosed documents place them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Brenda Anthony

Corporate Qualification Division

/bsa

Enclosures

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: KPF Insurance Services LLC (Name of Lim	ited Liability Company)	
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are suliability company to transact business in Florida		
Please return all correspondence concerning this m	natter to the following:	
Brenda Anthony		
(Na	me of Person)	
Central Licensing Bureau		
(Fir	m/Company)	
1501 N University, Suite 550		
	(Address)	
Little Rock, AR 72207		
` •	ate and Zip Code)	
For further information concerning this matter, ple	ase call:	
Brenda Anthony	at (501) 664-8044	_
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
MAILING ADDRESS:	STREET ADDRESS:	هند
Division of Corporations	Division of Corporations	<b>به</b> د منس
P.O. Box 6327	Clifton Building	<b>=</b> 11
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	22 m
Enclosed is a check for the following amount:  \$\sumsymbol{\sum}\$\$125.00 Filing Fee & Certificate of	\$155.00 Filing Fee & \$160.00 Filing Status Certified Copy of States	Cartificate

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

LIMITED LIABILITY COMPANY TO 1 KPF Insurance Service		STATE OF FLORIDA:	
1.		de "Limited Liability Company," "L.L.C.	," or "LLC.")
		se of transacting business in Florida and a mate name. The alternate name must include	
2. Ohio		27-2436110	
(Jurisdiction under the law of w company is organized)	hich foreign limited liability	( FEI number, if applica	ble)
4. 04/21/2010	5	Perpetual	
(Date of Organiz	ation)	(Duration: Year limited liability comexist or "perpetual")	pany will cease to
6			
(Date (See se	first transacted business in Floctions 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)	
7. 1014 Vine Street	· · · · · · · · · · · · · · · · · · ·		
Cincinnati, OH 45202			
<del>.</del>	(Street Address	of Principal Office)	
8. If limited liability compar	ny is a manager-managed	company, check here	
9. The name and usual busir	ess addresses of the mana	aging members or managers are as	follows:
		et, Cincinnati, OH 45202	
		,	<del></del>
		,	
10. Attached is an original certificate	e of existence no more than 90 d	lays old, duly authenticated by the official h	aving austody of records in
the jurisdiction under the law of whi	ch it is organized. (A photocopy	vis not acceptable. If the certificate is in a fi	•
translation of the certificate under oa		•	
11. Nature of business or pu	rposes to be conducted or	promoted in Florida: The busin	ess of
insurance functioning			
$\mathcal{D}$	norm D. R.	6 kuspy	
Signat (In accordance)	ure of a member or an aut	thorized representative of a member S., the execution of this document constitutes try that the facts stated herein are true.)	
	thy D. Roberts	ing man any taona arango herent are trace,	ြို့ရှိ မှ 🔘
	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:	
KPF Insurance Services 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:	
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: (Signature)

Karin L. Dunn, Assistant VP

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

#### United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KPF INSURANCE SERVICES LLC, an Ohio For Profit Limited Liability Company, Registration Number 1931274, was organized within the State of Ohio on April 21, 2010, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of May, A.D. 2010

**Ohio Secretary of State** 

Validation Number: V2010134M8136D