

M10000003138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

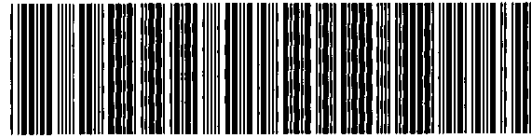
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUL 15 PM 12:22
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JUL 19 2010

EXAMINER



111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
tel: 254.729.8002
licensing@ilsainc.com

July 12, 2010

Region Code 820

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

Dear Sir/Madam:

Ref: Application for Certificate of Authority

We are filing the following documents on behalf of **Hotchkiss Insurance Agency, LLC**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check # 109359 i/a/o \$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,

Cara L. Mose

Cara L. Mose
Corporate Qualifications Specialist
P.O. Box 390
111 N. Railroad St.
Groesbeck, TX 76642
Ph: 254*729*6107
Fax: 254*729*8069
cmose@ilsainc.com

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CLERK OF COURT
DIVISION OF CORPORATIONS
10 JUL 15 PM 12:22

11564

900341291

820/FL/TRH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hotchkiss Insurance Agency, LLC
(Name of Limited Liability Company)

RECEIVED
DIVISION OF CORPORATIONS
10 JUL 15 PM 12:22

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:

Traci Houston
(Name of Person)

ILSA
(Firm/Company)

111 N. Railroad St, P.O Box 390
(Address)

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

For further information concerning this matter, please call:

Traci Houston at (254) 729-6157
(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
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:

1. Hotchkiss Insurance Agency, LLC
(Name of Foreign Limited Liability Company)
2. TX 3. 900341291
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 12/21/2007 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. 4120 International Parkway, Suite 2000
Carrollton TX 75007
(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:

Douglas Hotchkiss	4120 International Parkway, Suite 2000	Carrollton	TX	75007
Gregory Hotchkiss	4120 International Parkway, Suite 2000	Carrollton	TX	75007
Bradley Burnham	4120 International Parkway, Suite 2000	Carrollton	TX	75007

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 Gregory Hotchkiss VP
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.)

Gregory Hotchkiss
typed or printed name of signee

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SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
10 JUL 15 PM 12:22

**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:

Hotchkiss Insurance Agency, 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)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

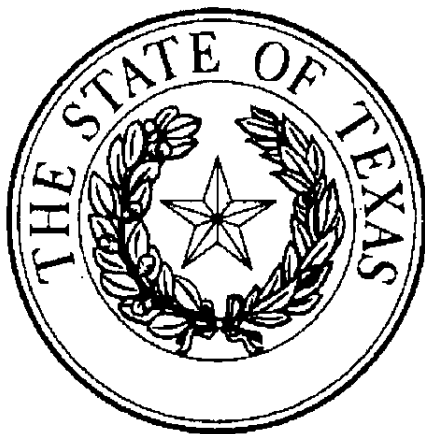
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Hotchkiss Insurance Agency, LLC (file number 800914930), a Domestic Limited Liability Company (LLC), was filed in this office on December 21, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 16, 2010.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State