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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT - 8 PM 1:15
200-4787

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT - 8 AM 11:15

B. KOHR

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -8 PM 1:15

SUBJECT: Cms Insurance Agency, 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:

Collette Marie Saigh
Name of Person

CMS Insurance Agency
Firm/Company

9550 Cypress Hammock Cir #102
Address

Bonita Springs FL 34135
City/State and Zip Code

colette@cmsinsurancemarketing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Collette Saigh at (586) 201-3892
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
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

60.00 Difference

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

CMS Insurance Agency, LLC
Name of corporation - must include suffix

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -8 PM 1:15

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Collette Saigh

Name of Person

CMS Insurance Agency, LLC

Firm/Company

9550 Cypress Hammock Cir #102 14430 Rice Dr.

Address

Bonita Springs FL 34135

City/State and Zip code

Sterling Hts MI
48313

Collette @ cmsinsurancemarketing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Collette Saigh at (586) 201-3892

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2010

COLETTE SAIGH
9550 CYPRESS HAMMOCK CIR #102
BONITA SPRINGS, FL 34135

SUBJECT: CMS INSURANCE AGENCY, LLC
Ref. Number: W10000047840

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -8 PM 1:15

We have received your document for CMS INSURANCE AGENCY, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Profit Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 410A00024132

**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. Cms Insurance Agency, 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. Michigan 3. 26-4304375
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2-25-2009 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 9550 Cypress Hammock Cir #102 Bonita Springs
(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:

Colette Saigh

9550 Cypress Hammock Circle, #102

Bonita Springs, FL 34135

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

Colette Marie Saigh
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Colette Marie Saigh
Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -8 PM 1:15
341

**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:

Cms Insurance Agency, LLC

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

2. The name and the Florida street address of the registered agent and office are:

Colette Saigh
(Name)

9550 Cypress Hammock Cir. #102
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Donita Springs FL 34135

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.

Collette Singh
(Signature)

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

Department of Energy, Labor & Economic Growth

Lansing, Michigan

This is to Certify That

CMS INSURANCE AGENCY LLC

was validly organized on February 25, 2009 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

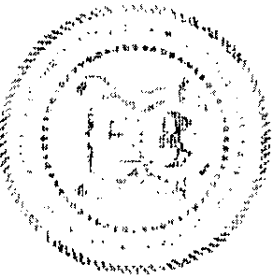
This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 28th day of September, 2010

 Director

Bureau of Commercial Services



GOLD SEAL APPEARS ONLY ON ORIGINAL