

M11000001764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

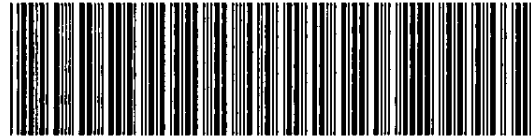
**L. SELLERS**

APR -8 2011

**EXAMINER**

~~WILL SELL~~

Office Use Only



500193327045

02/09/11--01030--018 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR -7 PM 1:09

**FILED**



STEVEN A. BELSON, P.A.<sup>2</sup>

ERIC H. LIGHT<sup>1</sup>

1. LL.M. ESTATE PLANNING

2. LL.M. TAXATION

CRYSTAL CORPORATE CENTER  
2500 N. MILITARY TRAIL, SUITE 200  
BOCA RATON, FLORIDA 33431  
TEL: (561) 613-4000 • FAX: (561) 613-4100

[www.belsonlaw.com](http://www.belsonlaw.com)

February 4, 2011

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

**Re: Christian Insurance Network, LLC**

Dear Sir or Madam:

Enclosed herewith please find the following regarding the above-captioned matter:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certificate of Designation of Registered Agent/Registered Office; and
4. Our check in the amount of \$130.00.

Kindly return a Certificate of Status to this office at your earliest convenience. Should you have any questions, please do not hesitate to contact this office.

Very truly yours,

**BELSON LAW GROUP**

By:   
Steven A. Belson

SAB/ad/Enclosures

T:\Wpdocs\CORP\SILVERMAN, STEVEN\Corporate Registration letter for CIN, LLC.doc

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Christian Insurance Network, 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:

Steven R. Silverman

Name of Person

Christian Insurance Network, LLC

Firm/Company

933 Clint Moore Road

Address

Boca Raton, Florida 33487

City/State and Zip Code

Drsilverman@medcareinc.com

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

For further information concerning this matter, please call:

Steven A. Belson, Esq.

Name of Person

at ( 561 )

910-8212

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2011

STEVEN R. SILVERMAN  
933 CLINT MOORE ROAD  
BOCA RATON, FL 33487

SUBJECT: CHRISTIAN INSURANCE NETWORK, LLC.  
Ref. Number: W11000008206

We have received your document for CHRISTIAN INSURANCE NETWORK, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 111A00003565

**FILED**  
11 APR - 7 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Christian Insurance Network, 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. Delaware

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

3. 27-3802540

(FEI number, if applicable)

4. October 29, 2010

(Date of Organization)

5. December 31, 2035

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

6. October 29, 2010

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

7. 933 Clint Moore Road

Boca Raton, Florida 33487

(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:

Steven R. Silverman

933 Clint Moore Road

Boca Raton, Florida 33487

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 Agent/Broker

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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.19.)

Steven R. Silverman

Typed or printed name of signee

**FILED**  
11 APR -7 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Christian Insurance Network, 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:

Steven A. Belson, Esq.

(Name)

2500 N. Military Trail, Suite 200

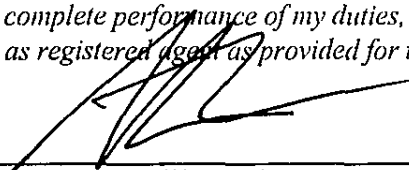
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Boca Raton

FL 33431

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)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CHRISTIAN INSURANCE NETWORK, LLC"  
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN  
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF  
THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MARCH, A.D. 2011.

4891627 8300

110245336

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8605650

DATE: 03-07-11