M11000003561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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N. Cuttigan JUL 15 2011

INSURANCE LICENSING
SERVICES OF AMERICA

111 N. Railroad St.
P.O. Box 390
Groesbeck, TX 76642
tel 254.729.8002
[illegible]

July 12, 2011

Region Code 1362

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 Laurel Insurance Brokers, LLC

The items checked below are enclosed.

☒ Application for Certificate of Authority
☒ Check # 8288 - $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 (standard)
111 N. Railroad St. (overnight)
Groesbeck, TX 76642
Ph: 254*729*6107
Fax: 254*729*8069
cmose@ilsainc.com

17386

45-2029558

RC 1362/JM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laurel Insurance Brokers, 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:

Jamila McCrary - ILSA
(Name of Person)

Insurance Licensing Services of America
(Firm/Company)

111 N. Railroad St. c/o P.O. Box 390
(Address)

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

For further information concerning this matter, please call:

Jamila McCrary - ILSA at (254) 729-6185
(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. Laurel Insurance Brokers, LLC
(Name of Foreign Limited Liability Company)

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

3. 45-2029558
(FEI number, if applicable)

4. 3/23/2011
(Date of Organization)

5. Perpetual
(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)

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TALLAHASSEE, FLORIDA

7. 216 N. Minnesota St.
Carson City NV 89703
(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:

Kenneth Kirk	216 N. Minnesota St.	Carson City	NV	89703

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 _____
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.)

Kenneth Kirk
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:

Laurel Insurance Brokers, 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

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TALLAHASSEE, FLORIDA

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: Karin L. Dunn
(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)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LAUREL INSURANCE BROKERS, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 23, 2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 7, 2011.

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20110707-1619
You may verify this electronic certificate online at **http://www.nvsos.gov/**