M11000004399

(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:
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L. SELLERS

SEP -1 2011

EXAMINER

200208866912

06/20/11--01016--005 **130.00

08/15/11--01002--001 **1455.00

FILED
11 AUG 31 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Select Professional Underwriters, 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:

Katina Lett
Name of Person

MAG Mutual Insurance Company
Firm/Company

3525 Piedmont Road
Address

Atlanta/Georgia/30305
City/State and Zip Code

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

For further information concerning this matter, please call:

Katina Lett at (404) 842-5627
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2011

KATINA LETT
MAG MUTUAL INSURANCE COMPANY
3525 PIEDMONT ROAD
ATLANTA, GA 30305

SUBJECT: SELECT PROFESSIONAL UNDERWRITERS, LLC
Ref. Number: W11000033664

We have received your document for SELECT PROFESSIONAL UNDERWRITERS, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a $500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total $1455.00.

There is a balance due of $.

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: 011A00015157

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2011

KATINA LETT
MAG MUTUAL INSURANCE COMPANY
3535 PIEDMONT ROAD
ATLANTA, GA 30305

SUBJECT: SELECT PROFESSIONAL UNDERWRITERS, LLC
Ref. Number: W11000033664

We have received your document for SELECT PROFESSIONAL UNDERWRITERS, LLC and your check(s) totaling $1585.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of status needs to be returned with the application.

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: 911A00019085

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. Select Professional Underwriters, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SPU, 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 58-24769212
(FEI number, if applicable)

4. July 7, 1999
(Date of Organization)

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

6. July 7, 1999
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5555 Triangle Parkway, Suite 320
(Street Address of Principal Office)

FILED
08 AUG 31 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
See Attached

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 agency for professional liability insurance.

Joseph L. Cregan
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.)

Joseph L. Cregan; Corp. Secretary
Typed or printed name of signee

MANAGERS AND OFFICERS

Select Professional Underwriters, LLC

Board of Managers:

Roy W. Vandiver, M.D.	Manager
Catherine S. Andrews, M.D.	Manager
Benjamin H. Cheek, M.D.	Manager
William C. Collins, M.D.	Manager
E. Daniel DeLoach, M.D.	Manager
H. Alexander Easley, III, M.D.	Manager
Jack R. Fox	Manager
Darrell O. Grimes	Manager
Joseph S. Wilson, Jr., M.D.	Manager

Officers:

Roy W. Vandiver, M.D.	Chairman
Jack R. Fox	President
Darrell O. Grimes	Vice President
Thomas Bryan Carter	Vice President
Marc D. Hammett	Treasurer
Joseph L. Cregan	Secretary

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:

Select Professional Underwriters, LLC

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

SPU, LLC

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

CT Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation/ FL /33324
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.

Michael Seraphin Michael Seraphin Asst. Secretary
(Signature)

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

Control No. **K927697**

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SELECT PROFESSIONAL UNDERWRITERS, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 07/07/1999 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of August, 2011

Brian P. Kemp
Secretary of State

Certification Number: 7707529-1 Reference:
Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp