

# M/1000005/61

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

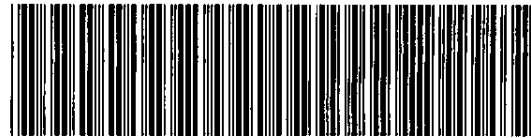
(Business Entity Name)

(Document Number)

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K. SALY  
EXAMINER

OCT 14 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LANDCASTLE INSURANCE SERVICES, 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:

ROBERT NEVIN

Name of Person

LANDCASTLE INSURANCE SERVICES, LLC

Firm/Company

3343 ASPEN GROVE DRIVE SUITE 240

Address

FRANKLIN TN 37067

City/State and Zip Code

rnevin@landcastleinsurance.com

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

For further information concerning this matter, please call:

ROBERT NEVIN

Name of Person

at ( 877 ) 454.7786

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

**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. LANDCASTLE INSURANCE SERVICES, 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. \_\_\_\_\_ 3. 26-2480856  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/01/2008 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 5110 EISENHOWER BLVD. SUITE 102  
TAMPA, FL 33634  
(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:

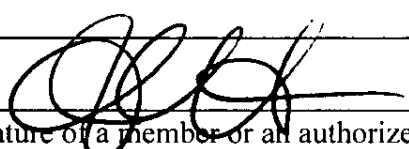
LANDCASTLE TITLE

7000 CENTRAL PARKWAY SUITE 300

ATLANTA, GA 30328

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 sales  
and service.

  
\_\_\_\_\_  
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.)

Jennifer M. Frank

Typed or printed name of signee

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TAMPA, 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:

**LANDCASTLE INSURANCE SERVICES, 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:

**JOHN DAVID WILSON**

(Name)

**5110 EISENHOWER BLVD. SUITE 102**

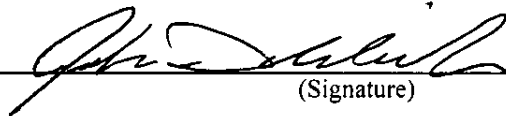
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**TAMPA**

**FL 33634**

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)



**RECEIVED**  
OCT 04 2011

BY: .....

**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**LandCastle Insurance Services, LLC**  
3343 Aspen Grove Drive - Ste 240  
FRANKLIN, TN 37067

October 3, 2011

**Request Type: Certificate of Existence/Authorization**  
Request #: 0048159

Issuance Date: 09/28/2011  
Copies Requested: 1

**Document Receipt**

Receipt #: 546755 Filing Fee: \$20.00  
Payment-Check/MO - LandCastle Insurance Services, LLC, FRANKLIN, TN \$20.00

**Regarding: LANDCASTLE INSURANCE SERVICES LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 04/04/2008  
Status: Active  
Duration Term: Perpetual

Control #: 574270  
Date Formed: 04/04/2008  
Formation Locale: Williamson County  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**LANDCASTLE INSURANCE SERVICES LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

  
Tre Hargett  
Secretary of State

Processed By: Sheila Keeling