

M11000005250

(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:

M11000050660

Office Use Only

**B. KOHR**  
OCT 20 2011  
**EXAMINER**



400212511904

09/28/11--01031--006 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 19 AM 10:17

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP 28 AM 10:03



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED STATE  
SECRETARY OF CORPORATIONS  
11 OCT 19 AM 10:17

October 4, 2011

W. CHRIS PEDEN, CPA  
SELECTED MARKET INSURANCE GROUP, LLC  
907 S. FRIENDSWOOD DRIVE, SUITE 219  
FRIENDSWOOD, TX 77546

SUBJECT: SELECTED MARKET INSURANCE GROUP, LLC  
Ref. Number: W11000050660

We have received your document for SELECTED MARKET INSURANCE GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The CERTIFICATE OF ACCOUNT STATUS from the Texas Comptroller is not the certificate we require.

The certificate that must be submitted along with your Foreign LLC application is a CERTIFICATE OF FACT, which is issued by the Texas Secretary of State.

An example of this certificate is enclosed.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 211A00022763

# PEDEN & ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS  
907 S. FRIENDSWOOD DR., SUITE 219  
FRIENDSWOOD, TEXAS 77546  
TEL: 281/996-8017  
FAX: 281/648-2530

W. CHRIS PEDEN, CPA  
MANAGING PARTNER

LAURA A. OLSZESKI, EA  
TAX MANAGER

W. E. (BILL) PEDEN  
SENIOR ADVISOR

LISA G. REINSTEIN, CPA  
PARTNER

October 15, 2011

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Subject: Selected Market Insurance Group, LLC  
Ref. Number: W11000050660

To Whom It May Concern:

Please find enclosed the documentation you requested on behalf of Selected Market Insurance Group, LLC. If you have any questions, please do not hesitate to call Peden & Associates at 281-996-8017.

Thank you for your attention to this matter.

Sincerely,



W. Chris Peden, CPA

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 OCT 19 AM 10:17

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 19 AM 10:17

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Selected Market Insurance Group, 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:

W. Chris Peden, CPA  
Name of Person

Selected Market Insurance Group, LLC  
Firm/Company

907 S. Friendswood Dr., Suite 219  
Address

Friendswood, TX 77546  
City/State and Zip Code

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

For further information concerning this matter, please call:

W. Chris Peden, CPA at ( 281 ) 996-8017  
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

**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. Selected Market Insurance Group, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SMIG, 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. Texas 3. 26-1746638  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2008 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. 907 S. Friendswood Dr., Suite 219  
Friendswood, TX 77546  
(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:

SFT Investments, LLC, 214 E Edgewood, Friendswood, TX 77546

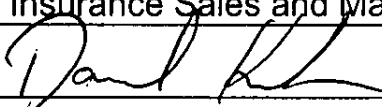
Daniel Kuhn, 25950 Risen Star Dr., Welsey Chapel, FL 33544

Alan Edgin, 505 Bastrop St., #306, Houston, TX 77003

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 Marketing



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.)

Daniel Kuhn - President

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 19 AM 10:17

**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:

**Selected Market Insurance Group, LLC**

---

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

**SMIG, LLC**

---

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

**Daniel Kuhn**

---

(Name)

**25950 Risen Star Drive**

---

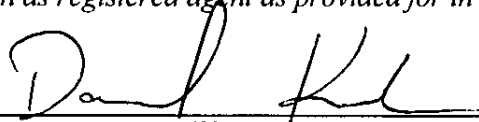
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**Wesley Chapel FL 33544**

---

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

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Selected Market Insurance Group, LLC (file number 800906009), a Domestic Limited Liability Company (LLC), was filed in this office on December 05, 2007.

It is further certified that the entity status in Texas is in existence.

Delayed Effective Date: January 01, 2008

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 12, 2011.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State