M1100005250

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2011

W. CHRIS PEDEN, CPA SLECTED MARKET INSURANCE GROUP, LLC 907 S. FRIENDSWOOD DRIVE, SUITE 219 FRENDSWOOD, 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

W. CHRIS PEDEN, CPA MANAGING PARTNER

LAURA A. OLSZESKI, EA TAX MANAGER

CERTIFIED PUBLIC ACCOUNTANTS 907 S. FRIENDSWOOD DR., SUITE 219 FRIENDSWOOD, TEXAS 77546

TEL: 281/996-8017 FAX: 281/648-2530 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

COVER LETTER

TO: Registration Section Division of Corporations



SUBJECT: _	Selected Ma	rket Insurance Gro	oup, LLC	7	
_	Nar	ne of Limited Liability Compan	у		
The enclosed ' Existence, and	"Application by Foreign Limited Liab I check are submitted to register the al	ility Company for Authorization	n to Transact Business in Florida," (liability company to transact busine	Certificate of ss in Florida	
Please return a	all correspondence concerning this ma	atter to the following:			
	V	V. Chris Peden, CPA			
		Name of Person			
	Selected	յ Market Insurance Groւ	ıp, LLC		
		Firm/Company			
	907 S.	Name of Limited Liability Company iability Company for Authorization to Transact Business in Florida," Certificate of e above referenced foreign limited liability company to transact business in Florida matter to the following: W. Chris Peden, CPA Name of Person Med Market Insurance Group, LLC Firm/Company S. Friendswood Dr., Suite 219 Address Friendswood, TX 77546 City/State and Zip Code Chris@pedencpa.com It to be used for future annual report notification) lease call: A at 281 996-8017 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Dount: Fee & \$\Bigsim \Biss. \text{S160.00 Filing Fee, Certificate}			
		Address			
	Name of Limited Liability Company poplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida, "Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida. 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) nation concerning this matter, please call: W. Chris Peden, CPA Name of Person Area Code & Daytime Telephone Number SIG ADDRESS: of Corporations Cons Settion Cilifon Building Cilifon Building Code Tallahassee, FL 32301 heck for the following amount: Filing Fee \$\infty \$130.00 Filing Fee & \$\infty \$150.00 Filing Fee, Certificate				
		City/State and Zip Code	-		
	ch	ris@pedencpa.com			
	E-mail address: (t	o be used for future annual repo	ort notification)		
For further info	ormation concerning this matter, pleas	se call:			
	W. Chris Peden, CPA	at (281)	996-8017		
	Name of Person	Area Code & Daytime Tele	ephone Number		
MAII	LING ADDRESS:	STREET ADDRESS:			
	ion of Corporations				
	tration Section				
P.O. I	Box 6327				
Tallah	nassee, FL 32314	2661 Executive Center Circle			
Enclosed is a	a check for the following amou	nt·			
			7\$160 00 Filing Fee Cartificate		
☐ ^{₩123.}			of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TRANSACT BUSINESS IN FLORIDA
	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Selected Market Insurance Group, LLC
	Selected Market Insurance Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	SMIG, LLC
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
2	Texas 3. 26-1746638
- (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 (Duration: Year limited liability company will cease to
	(Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 907 S. Friendswood Dr., Suite 219
7.	907 S. Friendswood Dr., Suite 219
	Friendswood, TX 77546 (Street Address of Principal Office)
	(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
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation 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 Şales and Marketing
	Dank Kl
	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
	Daniel Kulin - President

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 th	e Limited Liability Company	y is:				
Selected Market Insurance Group, LLC						
If unavailable, the	alternate to be used in the sta	ate of Florida is:				
	SMIG,					
2. The name and t	the Florida street address of th	he registered agent and office are:				
	Daniel Kuhn					
_	(Name)					
25950 Risen Star Drive						
	Florida Street Address	(P.O. Box <u>NOT</u> 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 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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.



Phone: (512) 463-5555

Prepared by: William Pate

Hope Andrade Secretary of State

. And