Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

: (850)878-5368 Fax Number

**Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please.*

Email Address:

Foreign Limited Liability Company SE2, LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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10/25/2013

OCT 25

CR2E027 (9/10)			
COVER LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: se2, 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:			
Rachel Meyer			
Name of Person			
Security Benefit Life Insurance Company			
Firm/Company			
1 Security Benefit Place			
Address			
Topeka, KS 66636			
City/State and Zip Code			
Legal, notice@securitybenefit.com E-mail address: (to be used for future annual report notification)			
·			
For further information concerning this matter, please call:			
at ()			
Name of Person Area Code & Daytime Telephone Number			
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations			
Registration Section Registration Section			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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. se2, 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 veconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	vritten Sy	
2. Kansas (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-2640636 (FEI number, if applicable)		
4. 02/14/2005 (Date of Organization) 5. Perpatual (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)	ಪ.	
7. 1 SW Security Benefit Place, Topeka, KS 66636-0001		
in the state of th		br"s
(Street Address of Principal Office)	တိ 🚦	-20
The state of the s		3
9. The name and usual business addresses of the managing members or managers are as follows:		W4
Michael P. Kiley , I SW Security Benefit Place, Topeka, KS 66636-0001	•	
David J. Keith, 1 SW Security Benefit Place, Topeka, KS 66636-0001		
Eric F. Rea , 1 SW Security Benefit Place, Toneka, KS 66636-0001		
SEE ATTACHMENT 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rethe 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.)	ecords in	
11. Nature of business or purposes to be conducted or promoted in Florida:	•	
Third Party Administrator	•	
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 a.817.155, F.S.)		
John F. Guyat		

Typed or printed name of signee

Attachment to Florida Member / Manager Information

Full Name:

John F. Guyot

Member/Manager:

Manager

Business Address:

1 SW Security Benefit Place

City:

Topeka

State:

KS

ZIP Code:

66636-0001

THE PARTY OF THE P

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.

se2, 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:	r Sa.
C T Corporation System (Name)	
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	25
Plantation FL 33324 City/State/Zip	TROJACI B. O. W.
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment	i limited
registered agent and agree to act in this capacity. I further agree to comply with the provisi statutes relating to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 608, Fig.	ions of all th and
CT Corporation System Wethering Lack	
Ey: (Signature) Katherine Lackey, Asst. Sec.	

\$ 100.00 Flling Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6031629

Entity Name: SE2, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: SE2, LLC

Registered Office: 1 SW SECURITY BENEFIT PLACE, TOPEKA, KS 66636

was filed in this office on February 14, 2005, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 23, 2013

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 591308 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate 1D number.