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SECRETARY OF STATE FALLAHASSEE, FLORIDA 2014 SEP 22 PM 3: 07

K.SALY EXAMINER SEP 23 2014



111 N Ratiroad St
P.O. Box 390
Groesbeck, TX 76842
tel: 254.729.8002
&### (\$\$4.729.8002

September 17, 2014

Region Code 1585

Florida Secretary of State Division of Corporations Corporate Filings 2661 Executive Center Circle Tallahassee, FL 32301

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **Insurors General Partner**, **LLC**

The items checked below are enclosed.

✓ Application for Certificate of Authority
 ✓ Check #18800 Amount \$ 125.00
 ✓ Certificate of Good Standing
 ✓ Certificate of Designation for Registered Agent

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Porsche Lockhart

Porsche Lockhart Licensing and Compliance Specialist 111 N. Railroad P.O. Box 390 Groesbeck, TX 76642

Ph: 254*729*6136 Fax: 254*729*8069

Email: plockhart@ilsainc.com

COVER LETTER

TO: Registration Section Division of Corporations	
Insurors General Partner LLC SUBJECT:	
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	of a
Please return all correspondence concerning this matter to the following:	
Porsche Lockhart	
Name of Person	
ILSA, Inc.	
Firm/Company	
P.O. Box 390	
Address	
Groesbeck, TX 76642	
City/State and Zip Code	
E-Hail address: (to be used for future amual report notification)	
For further information concerning this matter, please call:	
Porsch. Lockhad 254 709-1471	
Name of Contact 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 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Bigcup \Bigcup \\$155.00 Filing Fee & Bigcup \Bigcup \\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate name adopted for the purpose of tra- ility Company," "L.L.C," or "LLC.")	nsacting business in Florida. The alternate	name must include "Lim
Texas	562423830	
urisdiction under the law of which foreign limited liability	(FEI number, if appl	iochle)
company is organized)	(FEI municel, if appl	icable)
Upon qualification		726
(Date first transacted business in F (See sections 605.0904 & 605.0905, I	lorida, if prior to registration.) F.S. to determine penalty liability)	五
225 South Fifth Street, Waco, TX 76701		量等
		(0, 2 0, 1
(Ctrant Address of	of Principal Office)	
	n Principal Office)	FS.
P. O. Box 2683, Waco, TX 76702	· · · · · · · · · · · · · · · · · · ·	97
		5,
The name, title or capacity and address of the person	•	_
The name, title or capacity and address of the personant Chase, Jr., President & Secretary, P. Attached is an original certificate of existence, no mixing custody of records in the jurisdiction under the	on(s) who has/have authority to one than 90 days old, duly autherlaw of which it is organized. (A	enticated by the office photocopy is not
The name, title or capacity and address of the personant Chase, Jr., President & Secretary, P. Attached is an original certificate of existence, no miving custody of records in the jurisdiction under the ceptable. If the certificate is in a foreign language, a	on(s) who has/have authority to one than 90 days old, duly autherlaw of which it is organized. (A	enticated by the office photocopy is not
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The name, title or capacity and address of the personant Thomas Chase, Jr., President & Secretary, P. Attached is an original certificate of existence, no miving custody of records in the jurisdiction under the ceptable. If the certificate is in a foreign language, a sust be submitted) Signature of an accordance with section 605.0203, F.S., the execution of this document constitution.	on(s) who has/have authority to one than 90 days old, duly authorized parson authorized parson nuces an affirmation of the penalties of perjutes an affirmation under the penalties of perjutes an affirmation under the penalties of perjutes.	enticated by the offin photocopy is not ler oath of the trans

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	
Insurors General Partner LLC	SEP TO L
If unavailable, the alternate to be used in the state of Florida is:	SEP 22 P
2. The name and the Florida street address of the registered agent and office are:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
C T Corporation System	2
(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 st liability company at the place designated in this certificate, I hereby accept the appointn	

accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Maua Bae Secy. Asst.

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

(Signature)

Statutes.

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

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



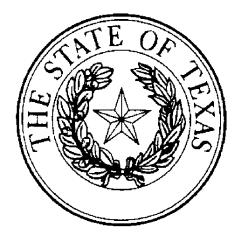
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Insurors General Partner, LLC (file number 800231097), a Domestic Limited Liability Company (LLC), was filed in this office on August 01, 2003.

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

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 September 15, 2014.



Phone: (512) 463-5555

Prepared by: SOS-WEB

NANDITA BERRY

Nandita Berry Secretary of State