

M14000008931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

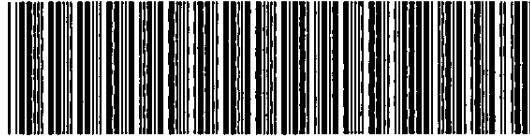
(Document Number)

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Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

T. Burch DEC 15 2014



## LICENSING PROFESSIONALS

Insurance Compliance Service

P.O. Box 566, Lynden WA 98264

Toll Free: (888) 543-5432

Fax: (360) 933-1991

Email: [swetzsteon@licensingpros.com](mailto:swetzsteon@licensingpros.com)

### MEMO

**DATE:** December 1, 2014

**TO:** Florida Secretary of State  
**Division of Corporations**  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**FROM:** Shannon Wetzsteon / Licensing Professionals

**SUBJECT:** Application to Transact - Foreign Limited Liability Company

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Hello,

Submitted for your approval is the request for **Leavitt Great West Insurance Services, LLC** to obtain Certificate of Authority in the state of Florida. Attached, please find the following:

- *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida*
- Certificate of Designation of Registered Agent/Office
- Officers List
- Certificate of Existence from domicile state of MT
- Check in the amount of \$125.00 made payable to:

#### Florida Secretary of State

If you have any questions or require further information to process this request please contact Licensing Professionals at (888) 543-5432, or at [swetzsteon@licensingpros.com](mailto:swetzsteon@licensingpros.com), as we are contracted to assist with this entity's insurance licensing and compliance.

Thank you,

Shannon Wetzsteon  
Licensing Professionals

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

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

1. Leavitt Great West 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Montana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0520992

(FEI number, if applicable)

4. Upon Approval

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2345 King Ave. West, Suite A

Billings, MT 59102

(Street Address of Principal Office)

6. P.O. Box 2518

Billings, MT 59103

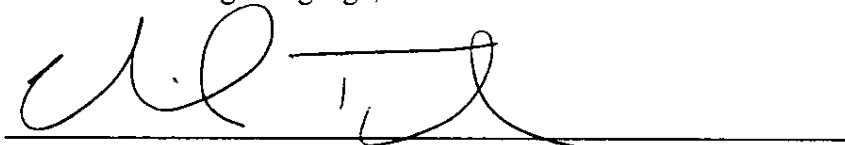
(Mailing Address)

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7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**\*\* Please See Attached \*\***

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Mike Taylor, Managing Partner

Typed or printed name of signee

**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:

**Leavitt Great West 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:

**Corporation Service Company**

(Name)

**1201 Hays Street**

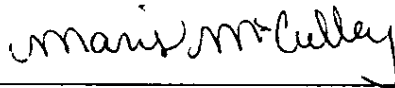
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Tallahassee, FL 32301**

City/State/Zip

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*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 605, 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)

# Leavitt Great West Insurance Services, LLC

## OWNERS, PARTNERS, OFFICERS, & DIRECTORS

FEIN 81-0520992  
2345 King Ave. West Suite A  
Billings MT 59102

### *Leavitt Group Enterprises*


#### *Majority Owner*

2345 King Ave. West Suite A Billings MT 59102  
FEIN: 88-0090855  
Ownership Percentage – 65.4%

#### *Mike Taylor*

#### *Managing Partner / Director*


Residence: 22 Dale Lane Laurel MT 59044  
Business: 2345 King Ave. West Suite A Billings MT 59102

  
Ownership Percentage – 10%  
Acting as DP: YES

#### *James Edwards*

#### *Vice President*

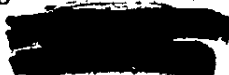
Residence: 2110 E 6th Street Helena MT 59601  
Business: 2345 King Ave. West Suite A Billings MT 59102

  
Ownership Percentage – 10%  
Acting as DP: NO

#### *Patrick Greany*

#### *Vice President*

Residence: 1500 N. Highway 287 Augusta MT 59410  
Business: 2345 King Ave. West Suite A Billings MT 59102

  
Ownership Percentage – 7%  
Acting as DP: NO

*Voyle Shawn Samuelson*

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*Vice President*

Residence: 3725 Parkhill Drive Billings MT 59102  
Business: 2345 King Ave. West Suite A Billings MT 59102

[REDACTED]

Acting as DP: NO  
Ownership Percentage – 3%

*Richard Miltenberger*

*Vice President*

Residence: 254 Lump Gulch Road Clancy MT 59634  
Business: 2345 King Ave. West Suite A Billings MT 59102

[REDACTED]

Acting as DP: NO  
Ownership Percentage – 2%

*Shawn Kraft*

*Vice President*

Residence: 5 Moonlight Ridge Rd. Clancy MT 59634  
Business: 2345 King Ave. West Suite A Billings MT 59102

[REDACTED]

Acting as DP: NO  
Ownership Percentage – 1.3%

*Travis Clark*

*Vice President*

Residence: 1600 E. Roosevelt Hwy Shelby MT 59474  
Business: 2345 King Ave. West Suite A Billings MT 59102

[REDACTED]

Acting as DP: NO  
Ownership Percentage – 1.3%

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# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

#### LEAVITT GREAT WEST INSURANCE SERVICES, LLC

duly filed its Articles of Organization in this office on 26 October 1998, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 21 October 2014

A handwritten signature in cursive script that reads "Linda McCulloch".

LINDA MCCULLOCH  
Secretary of State

Certified File Number: C096383

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