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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

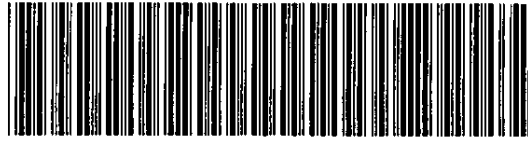
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015
T. HAMPTON

August 5, 2015

Region Code 575

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301
Fax: 850-245-6014

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **Community Financial Insurance Center, L.L.C.**

The items checked below are enclosed.

- Application for Certificate of Authority
- Check #21556 Amount \$ 125.00
- Certificate of Good Standing

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

Please return all filed documents to my attention.

Sincerely,

April Mills

April Mills
Licensing & Compliance Specialist
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6129
Fax: 254.729.8069
Email: amills@ilsainc.com

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:

1. Community Financial Insurance Center, L.L.C.
(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. LA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 861109226 (FEI number, if applicable)

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

5. 2201 Forsythe Avenue
Monroe, LA 71201
(Street Address of Principal Office)

6. P O Drawer 2006
Monroe, LA 71201
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature) Michael E. Jones
Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to make the above:
Aylmer Montgomery III - President/CEO, 2201 Forsythe Avenue, Monroe, LA 71201
Jeffrey Mouk - Chief Financial Officer, 2201 Forsythe Avenue, Monroe, LA 71201

See additional list

9. Attached is a 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. (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)
Signature of an authorized person

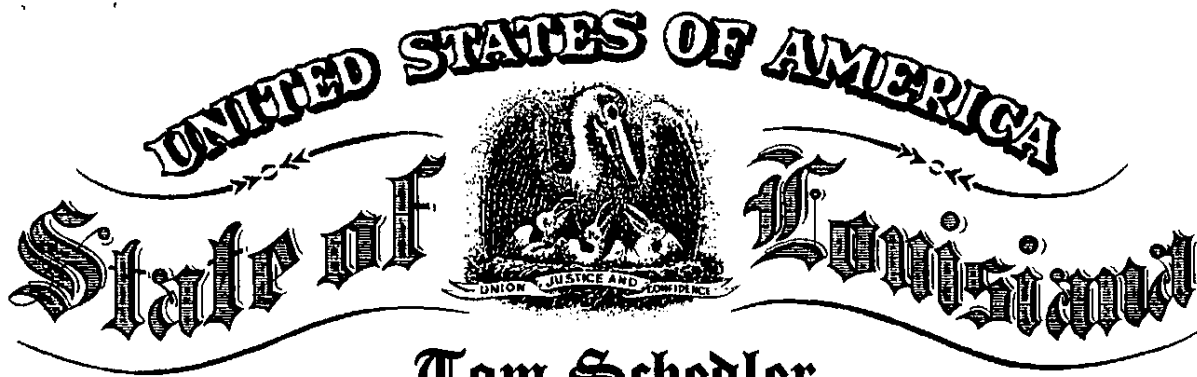
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Kathy Smith
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

<u>Name</u>	<u>Address</u>	<u>Title</u>
Aylmer E. Montgomery, III	3806 Deborah Dr., Monroe, LA 71201	President, CEO
Kristine S. Golsen	2808 Pargoud Blvd., Monroe, LA 71201	Chief Underwriting Officer
Jeffrey P. Mouk	1401 Emerson St., Monroe, LA 71201	Chief Financial Officer
Darryl L. Minter	1316 Leckie Rd., Eros, La 71238	Chief Technology Officer
Kathy P. Smith	141 Barbara Dr., Monroe, LA 71203	Chief Compliance Officer
Bruce W. Bulloch	174 Comanche Trail, West Monroe, LA 71291	Senior Vice President
Alicia Ruth Reitzell	803 Erin Ave., Monroe, LA 71201	Senior Vice President

TALLAHASSEE, FLORIDA
 SECRETARY OF STATE
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Tom Schedler

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

COMMUNITY FINANCIAL INSURANCE CENTER, L.L.C.

A limited liability company domiciled in MONROE, LOUISIANA,

Filed charter and qualified to do business in this State on June 28, 2004,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 3, 2015

Secretary of State

Web 35739150K



Certificate ID: 10623763#TLJ62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov