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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 13 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSI INSURANCE GROUP 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:

W. JAMES BARRS, JR., CPA

Name of Person

BARRS, COINER & LUMPKIN, LLC

Firm/Company

POST OFFICE BOX 2036

Address

BRUNSWICK, GEORGIA 31521-2036

City/State and Zip Code

WILBURSR1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. JAMES BARRS, JR., CPA

912

267-0211

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
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 &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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:

1. MSI INSURANCE GROUP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
MANAGEMENT SOLUTIONS INSURANCE 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. ARKANSAS 3. 47-3174468
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. NO BUSINESS TRANSACTIONS TO-DATE
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1890 SOUTH 14TH STREET, SUITE 220
FERNANDINA BEACH, FLORIDA 32034
(Street Address of Principal Office)
6. 1890 SOUTH 14TH STREET, SUITE 220
FERNANDINA BEACH, FLORIDA 32034
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: HENRY HEYWARD BURNET IV
Office Address: 1890 SOUTH 14TH STREET, SUITE 220
FERNANDINA BEACH, Florida 32034
(City) (Zip code)

Registered agent's acceptance:

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 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.

H. H. B. IV
(Registered agent's signature)

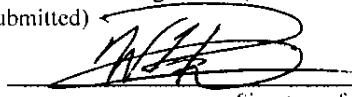
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

WILBUR T. PEER, PRESIDENT

13215 RIDGEHAVEN ROAD

LITTLE ROCK, AR 72211

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)

 10/2/15
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.

WILBUR T. PEER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA



**Arkansas Secretary of State
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

MSI INSURANCE GROUP LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office February 16, 2015.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 30th day of September 2015.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: f089e069c351822

To verify the Authorization Code, visit sos.arkansas.gov