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S MASON

*** PROMPT ATTENTION REQUESTED ***

3/31/2016

Corp. Div. FL Secy. of State P.O. Box 6327 Tallahassee, FL 32314

Re: HeritageRM, LLC

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$130.00.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention.

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely, Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby

Treasurer & Initial Licg. Spec.

Email: hoverby@kennedylicensing.com

Enc: \$130.00 fee, App. in dup.,, Cert. G.S.

COVER LETTER

то:	egistration Section ivision of Corporations			
SUBJE	HeritageRM, LLC			
	Name of Limited Liability Company			
The end Existen	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	of ida		
Please	rn all correspondence concerning this matter to the following:			
	Hailey Overby			
	Name of Person			
	Kennedy Licensing Service Inc.			
Firm/Company				
	4144 N Central Expwy. Ste 800			
Address				
Dallas, TX 75204				
City/State and Zip Code				
	shooke@sanfordtatum.com			
	E-mail address: (to be used for future annual report notification)			
For furt	information concerning this matter, please call:			
	(ailey Overby 214 855-0737 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclose	s a check for the following amount: \$125.00 Filing Fee \$\Bigsquare \text{\$130.00 Filing Fee & Certificate of Status}\$ \$155.00 Filing Fee \$\Bigsquare \text{\$155.00 Filing Fee & Status & Certified Copy}\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

APPEICATION 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
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting business "or "LLC.")	in Florida. The alternate name	must include "Limi	ited
2. Texas	3. 47-5474469			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4. upon filing				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) penalty liability)		
5. HeritageRM, LLC				
6303 Indiana Ave. Lub	obock, TX 79413-5713		_	
	(Street Address of Principal Office)	, "	(C)	
6. HeritageRM, LLC				
P.O. Box 64790 Lubbo	ock, TX 79464-4790	35	1	
	(Mailing Address)		² m	
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT accepta	ble)	ס ס	
Name:	Registered Agent Solutions, Inc.	ORID	ლ <u>ლ</u>	
Office Address:	155 Office Plaza Dr. Suite A		السب	
	Tallahassee	, Florida 32301		
	(City)	(Zip code)		
Registered agent's accen	gistered agent and to accept service of process for the	above stated limited liability	ty company at the	place
Having been named as re designated in this applica to complywith the provisi	tion, I hereby accept the appointment as registered agons of all statutes relative to the proper and complete my position as registered agent. (Registered agent's signature)	performance of my duties, a	and I am familian	er agro
Having been named as redesignated in this applicated in this applicate complywith the provising accept the obligations of the control of the	tion, I hereby accept the appointment as registered ag ons of all statutes relative to the proper and complete p my position as registered agent. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	performance of my duties, a	and I am familian	er agro
designated in this applica to complywith the provisi accept the obligations of the 8. The name, title or capa	tion, I hereby accept the appointment as registered agons of all statutes relative to the proper and complete pmy position as registered agent. (Registered agent's signature)	performance of my duties, a	and I am familian	er agro
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the same, title or capa Diannah Tatum, Manager	tion, I hereby accept the appointment as registered agons of all statutes relative to the proper and complete pmy position as registered agent. (Registered agent's signature) (Registered address of the person(s) who has/have authority	performance of my duties, a	and I am familian	er agru r with d

Diannah Tatum, Manager

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.

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



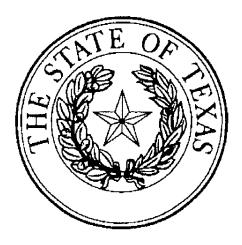
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for HeritageRM, LLC (file number 802316914), a Domestic Limited Liability Company (LLC), was filed in this office on October 22, 2015.

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 March 01, 2016.



CULC Carlos H. Cascos Secretary of State

TID: 10264

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 658578120003

Phone: (512) 463-5555 Prepared by: SOS-WEB