

W16000006728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CHANGE PER CONVERSATION WITH
EMILIE TURNER 8/19/2016
KS

W16-50388,
CNO, RA Sign & Mgr

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FILED
2016 AUG 19 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 23



JUL 29 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2016

EMILIE TURNER
MAIN STREET RENEWAL LLC
8300 N MOPAC EXPRESSWAY, STE. 200
AUSTIN, TX 78759

SUBJECT: MSR INSURANCE SERVICES LLC
Ref. Number: W16000050388

2016 AUG 15 PM 3:31
TALLAHASSEE, FLORIDA

We have received your document for MSR INSURANCE SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 216A00015190

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSR Insurance Services 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:

Emilie Turner

Name of Person

Main Street Renewal LLC

Firm/Company

8300 N. Mopac Expressway, Suite 200

Address

Austin, TX 78759

City/State and Zip Code

compliance@msrenewal.com

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

For further information concerning this matter, please call:

Emilie Turner

512 579-2215
at ()

Name of Contact Person

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. MSR 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. Texas 3. Taxpayer #32058105977 & File # 0802278493
(Jurisdiction under the law of which foreign limited liability (FEL) number, if applicable)
4. August 29, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 8300 N. Mopac Expressway, Suite 200
Austin, TX 78759
(Street Address of Principal Office)
6. 8300 N. Mopac Expressway, Suite 300
Austin, TX 78759
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Capitol Corporate Services, Inc.
- Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(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.

Delanie Case Delanie Case, asst. sec.
(Registered agent's signature)

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

Main Street Renewal LLC (MEMBER)

8300 N. Mopac Expressway, Suite 200

Austin, TX 78759

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]
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.

Emilie Turner

Typed or printed name of signer

FILED
2016 AUG 19 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Carlos H. Cascos
Secretary of State

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 MSR Insurance Services LLC (file number 802278493), a Domestic Limited Liability Company (LLC), was filed in this office on August 21, 2015.

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

FILED
2016 AUG 19 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 July 25, 2016.



Carlos H. Cascos

Carlos H. Cascos
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

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Prepared by: SOS-WEB

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Dial: 7-1-1 for Relay Services
Document: 681598180003