

M16000007075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

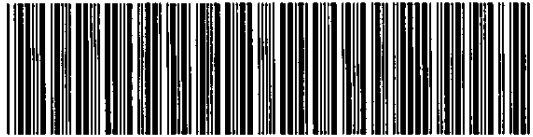
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 AUG 31 PM 12:39
ALLAHABAD, FLORIDA

SEP 07 2016

Y SULKER

~~M16-54320~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2016

KAYTEE VINCENT
111 N RAILROAD
GROESBECK, TX 76642 US

SUBJECT: ENSCOE LONG INSURANCE GROUP, LLC
Ref. Number: W16000054320

We have received your document for ENSCOE LONG INSURANCE GROUP, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 216A00016543

August 26, 2016

Region Code 1736

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

Ref: Corrected Application for Certificate of Authority

Dear Sir/Madam:

We are filing the corrected documents on behalf of Ensoe Long Insurance Group, LLC, Per Karen, The CGS is acceptable.

2016 AUG 31 PM 3:16
TALLAHASSEE FLORIDA

The items checked below are enclosed.

- Corrected Application for Certificate of Authority
- Rejection Letter
- 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,

Shawna Smith

Shawna Smith
Licensing & Compliance Specialist
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6158
Fax: 254.729.8069
Email: ssmith@ilsainc.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enscoe Long 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:

Kaytee Vincent
Name of Person

ILSA
Firm/Company

111 N Railroad
Address

Groesbeck, TX 76642
City/State and Zip Code

kvincent@ilsainc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaytee Vincent at (254) 729-6147
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 TRANACT BUSINESS IN FLORIDA

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

1. Enscoe Long Insurance Group, 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. PA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 205521580 (FEI number, if applicable)

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

5. 80 Emerson Lane Suite 1301
Bridgeville, PA 15017
(Street Address of Principal Office)

6. 80 Emerson Lane Suite 1301
Bridgeville, PA 15017
(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)

16 AUG 31 PM 12:39
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

(Registered agent's signature) M. E. Jones, Asst. Sec'y.

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

- Richard Enscoe, Member - 80 Emerson Lane Suite 1301 Bridgeville, PA 15017
Daniel Long, Member - 80 Emerson Lane Suite 1301 Bridgeville, PA 15017
Todd Whiteman, Executive VP - 80 Emerson Lane Suite 1301 Bridgeville, PA 15017

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)

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.

Todd Whiteman
Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/21/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Ensco Long Insurance Group, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160721171483-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>