

Division of Corporations

**M1700009014**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : 1201200000037  
Phone : (702) 866-2500  
Fax Number : (702) 866-2693

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ManagedReports@incorp.com

**Foreign Limited Liability Company  
Four Points Insurance Agency, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Four Points Insurance Agency, 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:

Jessica Chappell

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Ste 5308

Address

Las Vegas, NV 89169

City, State and Zip Code

managedreports@incorp.com

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

For further information concerning this matter, contact:

Jessica Chappell for InCorp Services,

246-2677

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

☐ \$100.00 Filing Fee &  
Certificate of Status

☒ \$110.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. Four Points Insurance Agency, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

## 2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0960954

(FBI number, if applicable)

## 4. Upon Registration

(Date first transacted business in Florida. If none to registration,  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

## 5. 232 Madison Ave

(Street Address of Principal Office)

Suite 405

New York, NY 10016

## 6. 232 Madison Ave

(Mailing Address)

Suite 405

New York, NY 10016

## 7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

, Florida 33470

(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.

Jessica Chappell on behalf of InCorp Services, Inc.

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Managing Member

SM Holdings, LLC

232 Madison Ave, Suite 405

New York, NY 10016

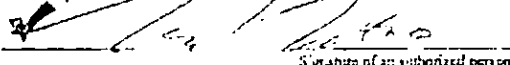
Managing Member

Gene Murphy

232 Madison Ave, Suite 405

New York, NY 10016

(Use attachments if necessary)

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. This document is executed in accordance with section 605.0903 (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.

  
Signature of an authorized person

Michael C. Martin

(Typed or printed name of signer)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUR POINTS INSURANCE AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2017.

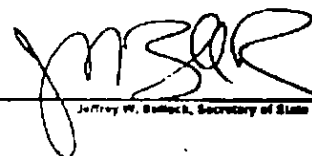
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOUR POINTS INSURANCE AGENCY, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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SR# 20176693889

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)  
Jeffrey W. Bullock, Secretary of State

Authentication: 203425322

Date: 10-19-17

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