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November 15, 2017

CHRIS CUTCHENS 402 S KENTUCKY AVE, SUITE 500 LAKELAND, FL 33801 US

SUBJECT: MIDAMERICA SECURITIES, LLC

Ref. Number: W17000091421

We have received your document for MIDAMERICA SECURITIES, 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):

THE AUTHORIZED PRINTED NAME MUST BE THE SAME AS THE AUTHORIZED SIGNATURE,

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 617A00023214

2017 ROF 38 AH (#: 8-1

## COVER LETTER

TO:

| O:                      | Registration Section Division of Corporations   |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|
| UBJE                    | MidAmerica Securities, LLC  |  |  |  |  |  |  |
| 0.001.                  | Name of Limited Liability Company   |  |  |  |  |  |  |
|                         | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.   |  |  |  |  |  |  |
| ease r                  | eturn all correspondence concerning this matter to the following:   |  |  |  |  |  |  |
|                         | Chris Cutchens  |  |  |  |  |  |  |
|                         | Name of Person  |  |  |  |  |  |  |
|                         | MidAmerica Administrative & Retirement Solutions  |  |  |  |  |  |  |
|                         | Firm/Company  |  |  |  |  |  |  |
|                         | 402 S. Kentucky Ave., Suite 500   |  |  |  |  |  |  |
|                         | Address   |  |  |  |  |  |  |
|                         | Lakeland, FL 33801  |  |  |  |  |  |  |
| City/State and Zip Code |   |  |  |  |  |  |  |
|                         | chris.cutchens@mymidamerica.com   |  |  |  |  |  |  |
|                         | E-mail address: (to be used for future annual report notification)  |  |  |  |  |  |  |
| r furt                  | ner information concerning this matter, please call:  |  |  |  |  |  |  |
|                         | Chris Cutchens 813 533-4703 at ( )  |  |  |  |  |  |  |
|                         | Name of Contact Person Area Code Daytime Telephone Number   |  |  |  |  |  |  |
|                         | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301  |  |  |  |  |  |  |
| ıclose                  | d is a check for the following amount:  \$\Boxed{\text{S} \text{ 125.00 Filing Fee}} \Boxed{\text{C} \text{ \$\text{S} \text{130.00 Filing Fee}}} \Boxed{\text{C} \text{ \$\text{S} \text{155.00 Filing Fee}}} \Boxed{\text{S} \text{ \$\text{S} \text{160.00 Filing Fee}}} \Boxed{\text{C} \text{Certificate}} \text{ \$\text{C} \text{Certified Copy}} \tag{\text{of Status & Certified Copy}} \end{\text{C} \text{S} \text{T} \text{C} \text |  |  |  |  |  |  |

## 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:

| Engan annuitable annual                                |   |   |                                   |   |
|--|---|---|-----------------------------------|---|
|  |   |   |                                   |   |
| iability Company," "L.L.C."                            | ternate name adopted for the purpose of or "LLC.")  | I transacting business i                              | n Florida. The alternate name     | e must include "Limited                   |
| Delaware   |   | 3. 82-3282856   | (FEI number, if applicable)       |   |
| (Jurisdiction under the law (<br>company is organized) | of which foreign limited liability  |   | (FEI number, if applicable)       |   |
| January 1, 2018  |   |   |                                   |   |
|  | (Date first transacted business i<br>(See sections 605.0904 & 605.090   | in Florida, if prior to re<br>05, F.S. to determine p | gistration.)<br>enalty liability) |   |
| ·  | _ <del>.</del>  |   |                                   |   |
| 777 South Harbour Isla                                 | ind, Blvd., Suite 390, Tampa, FL 33   | 6602  |                                   | 至指  |
|  | (Street Address of Prin   | icipal Office)  | <del></del>                       | 三三五二                                      |
| ·  |   |   |                                   | NOV 30                                    |
|  | ve., Suite 500, Lakeland, FL 33801  |   |                                   |   |
| <del>-</del>   | (Mailing Add  | iress)  |                                   | 二 星 5                                     |
| . Name and street addres                               | s of Florida registered agent: (P.O.  | Box NOT acceptab                                      | ile)                              | 0.2 · · · · · · · · · · · · · · · · · · · |
| Name:  | Corporation Service Company   |   |                                   | 01<br>DR                                  |
| Office Address:  | 1201 Hays Street  |   |                                   |   |
|  | Tallahassee   | ,   | Florida <u>32301</u>              |   |
| Registered agent's accept                              | (City)  |   | (Zip code)                        |   |
| esignated in this applicate complywith the provision   | gistered agent and to accept service<br>tion, I hereby accept the appointme<br>ons of all statutes relative to the pro<br>ny position as registered agent.<br> s  Dor | ent as registered age                                 | ent and agree to act in this      | s capacity. I further ag                  |
|  | (Registered   | d agent's signature)                                  |                                   |   |
| R The name title or cana                               | icity and address of the person(s) wh   | ho has/have authority                                 | e to manage iclare:               |   |
| •  | outh Harbour Island Blvd., Suite 390  | -   | <del>-</del>                      |   |
|  |   | _ <del>'</del>  |                                   | <del></del>                               |
|  | 02 South Kentucky Ave., Suite 500,  | <del></del>   | <u> </u>                          |   |
| AR - Perkins Cole LLP, 1                               | 111 West Jefferson Street, Suite 500  | 0, Boise, ID 83702                                    | ·<br>                             | <del></del>                               |
|  | of existence, no more than 90 days of which it is organized. (If the certisabmitted)  |   |                                   |   |
|  | Signature of  | an authorized person                                  |                                   |   |
|  |   | •   |                                   |   |

Typed or printed name of signee

Chris Cutchens

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MIDAMERICA SECURITIES, 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 SEVENTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203528634

Date: 11-07-17