

M18000001021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

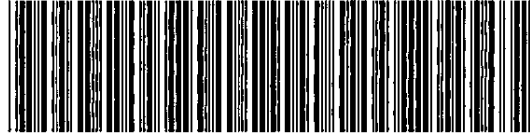
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200275605542

08/04/15--01027--015 **125.00

FILED
2015 AUG -4 A 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORNERSTONE INSURANCE PRODUCERS, 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:

MOIRE SMOKER

Name of Person

CORNERSTONE INSURANCE PRODUCERS, LLC

Firm/Company

425 NORTH PRINCE STREET, SUITE 101

Address

LANCASTER, PA 17603

City/State and Zip Code

MOIRE.SMOKER@CORNERSTONEOPERATIONS.COM

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

For further information concerning this matter, please call:

MOIRE SMOKER

717

892-6440 EXT. 6120

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. CORNERSTONE INSURANCE PRODUCERS, 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. PENNSYLVANIA

3. 47-1705360

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

(FEI number, if applicable)

4.

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

5. 425 NORTH PRINCE STREET, SUITE 101

LANCASTER, PA 17603

(Street Address of Principal Office)

6. 425 NORTH PRINCE STREET, SUITE 101

LANCASTER, PA 17603

(Mailing Address)

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

Name: CORPORATION SERVICE COMPANY, LLC

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

Sonya L. Cordell
Asst Vice President

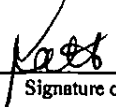
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

KATHLEEN WALLACE WEE

425 NORTH PRINCE STREET, SUITE 101

LANCASTER, PA 17603

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

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that
the facts stated herein are true. 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.)

KATHLEEN WALLACE WEE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG -4 A 10:04

FILED

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

MAY 18, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Cornerstone Insurance Producers LLC

is duly organized 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

Acting Secretary of the Commonwealth

**Written Consent of the Sole Member of
Cornerstone Insurance Producers LLC**

In Lieu of a Meeting

The undersigned, being the sole member of Cornerstone Insurance Producers LLC, a Pennsylvania limited liability company (the "Company"), acting by written consent without a meeting pursuant to 15 Pa. C.S.A. § 8942(e) of the Pennsylvania Limited Liability Act, hereby consents to the adoption of the following resolutions:

WHEREAS, the member deems it to be in the best interests of the Company to appoint officers to act for the Company.

NOW, THEREFORE LET IT BE:

RESOLVED: that as of the date of this consent, the following persons be and hereby are appointed to the offices set forth opposite their respective names below, to hold office until their resignation or removal:

Name	Office
Joseph King	Chief Executive Officer
Kathy Wallace Wee	President/Chief Operating Officer
Mark Keyser	Treasurer
Samuel Moore	General Counsel/Secretary
John Carter	Executive Vice President/Producer

IN WITNESS WHEREOF, the undersigned member has duly executed this Written Consent as of February 1, 2015.


Cornerstone Operations Group LLC

Joseph King
Chief Executive Officer

2015 AUG - 4 A 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED