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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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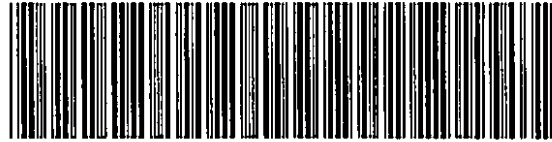
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 11 2019

December 26, 2018

Client Code: 1920

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of CIS Insurance Services LLC

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #30268 Amount \$ 125.00
- ☒ 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,

Kenneth Martin

Kenneth Martin
Annuals and Corporates Specialist
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6106
Fax: 254.729.8067
Email: kmartin@ilsainc.com

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CIS 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:

Kenneth Martin

Name of Person

ILSA, Inc.

Firm/Company

111 N Railroad St

Address

Groesbeck, TX 76642

City/State and Zip Code

kmartin@ilsainc.com

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

For further information concerning this matter, please call:

Kenneth Martin

254

729-6106

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. CIS 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. CO

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

01/15/2016

3.

(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)

9200 W. Cross Drive

5.

(Street Address of Principal Office)

9200 W. Cross Drive

6.

(Mailing Address)

Littleton, CO 80123

Littleton, CO 80123

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

Name:

Corporate Creations Network Inc.

Office Address:

11380 Prosperity Farms Road #221E

Palm Beach Gardens

(City)

33410

(Zip code)

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.



Diana Serra, Vice President

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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:

CEO

Gerry Jones

9200 W. Cross Drive

Littleton, CO 80123

President - Member

Rick Cline

9200 W. Cross Drive

Littleton, CO 80123

Chief Underwriting
Officer - Member

Lisa Chaumont

9200 W. Cross Drive

Littleton, CO 80123

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ATLANTA, GEORGIA

(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 605.0203 (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.



Signature of an authorized person

Gerry Jones

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CIS Insurance Services LLC

is a

Limited Liability Company

formed or registered on 01/15/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161033669 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/24/2018 that have been posted, and by documents delivered to this office electronically through 12/26/2018 @ 14:00:24 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/26/2018 @ 14:00:24 in accordance with applicable law. This certificate is assigned Confirmation Number 11294257 .



Wayne W. Williams

Secretary of State of the State of Colorado

19 JAN -2 AM 10:41
FBI - DENVER
FBI - COLORADO

*****End of Certificate*****

Notice A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us>; click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."