# M19000001340

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	e)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2019

MARY TILFORD 5100 N. CLASSEN BLVD., #300 OKLAHOMA CITY, OK 73118

SUBJECT: INSURICA EXPRESS, LLC

Ref. Number: W19000037615

We have received your document for INSURICA EXPRESS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 219A00007699

RECEIVED
APR 29 2019

#### COVER LETTER

	egistration Section vision of Corporation	s			
SUBJECT:	INSURICA Express.	LLC			
Sonst.e1.		Name of Lim	ited Liability	Company	~
				ntion to Transact Business in Florida, ted liability company to transact busi	
Please retur	n all correspondence co	oncerning this matter to the foll	owing:		
	Mary Tilford				
		Name	of Person		-
	INSURICA Inc				
		Firm/	Company		-
	5100 N. Classen	Blvd #300			
		A	ddress		•
	Okłahoma City,	OK 73118			
		City/State	and Zip Code		-
	edocs@insurica.co	om			
		E-mail address: (to be used for	r future annual	report notification)	•
For further i	information concerning	this matter, please call:			
Ма	ary To:fprd	ai	405	556-2318	
	Name of	Contact Person	Area Code	Daytime Telephone Number	•
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Ple		e to: FLORIDA DEPARTME	$\overline{}$		
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & S160.00 Filing ed Copy of Status & Cer	

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 695 6902, FLORIDA STATUIFS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. HIMITED HARRILTY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	ich. The alternate rame must include "Limited Liability Cor	mpany," "L L.C," or "LLC.	
OK		47-4292241 3.		
(Jurisdiction under the law of	which foreign limited liability company is organized)	3	olicable)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	opstration ) se penalty liability)		
5100 N. Classen Blvd		P.O. Box 2592 <b>8</b> 6.		
(Street Address of	Principal Office)	6. (Mailing Address)		
Oklahoma City, OK	73118	Oklahoma City, OK 73125		
			·u	
		· · · · · · · · · · · · · · · · · · ·		
Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT'</u> acceptable)	יותק	
	ss of Florida registered agent: (P.O. Box  C T Corporation System	<u>NOT</u> acceptable)	2919 HAY	
Name and street addre  Name:  Office Address;		NOT acceptable) .	१वाड सुरु४ - १ वर्ग	
Name:	C T Corporation System	NOT acceptable)	\$	

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 us 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.

> Denise Bell, Assistant Secretary (Registered apent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total): Title or Capacity: Name and Address: Title or Capacity: Name and Address: Michael F Ross Seth A. Markum ■ Manager Manager 2420Springer Dr, Ste 105 5100 N.Classen Blvd #300 ☐ Member Member 1 Oktahoma City, OK 73118 Norman, OK 73069 ☐ Authorized Authorized Person Person Other\_ Other\_ Other\_\_\_\_ Other\_ Edward L. Young Manager Manager Address: 5100 N.Classen Blvd. #300 Address: 5100 N. Classen Blvd. #300 Member Member | Oklahoma City, OK 73118 Oklahoma City, OK 73118 Authorized Authorized Person Person Other Other Other Other Name: Joseph P. Sanchez Manager Manager Manager 406 S. Boulder #600 Member Member Tulsa, OK 74103 Authorized Authorized Person Person Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.\$17.155, F.S. Seth A. Markum

Typed or printed name of signee

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>INSURICA EXPRESS</u>, <u>LLC</u> whose registered agent is <u>CHRISTOPHER KENNEY</u>, with its registered office at <u>9000 CAMERON PARKWAY OKLAHOMA CITY 73114 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>23rd</u>, day of <u>April</u>, <u>2019</u>.

Mich Pars