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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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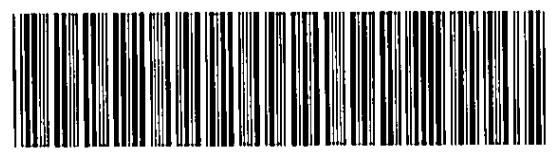
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B KINSEY
JUN 10 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Golden Insurance Solutions, 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:

Shannon E Hair

Name of Person

Golden Insurance Solutions, LLC

Firm/Company

25131 Butterwick Dr

Address

Spring, TX 77389

City/State and Zip Code

shair@cornerstonebsi.net

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

For further information concerning this matter, please call:

Shannon E Hair

281

475-8750

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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TALLAHASSEE, FLORIDA

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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. Golden Insurance Solutions, 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. Texas 20-4858266
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 01, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

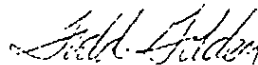
5. 5391 Lakewood Ranch Blvd, N. #201 5391 Lakewood Ranch Blvd, N. #201
(Street Address of Principal Office) (Mailing Address)
Sarasota, FL 34240 Sarasota, FL 34240

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

Name: Todd M Golden
Office Address: 4731 Woodbrook Dr
Sarasota 34243
(City) , Florida (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.



(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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:**

☒ Manager Name: Todd M Golden

☐ Member Address: 4731 Woodbrook Dr

☐ Authorized Sarasota, FL 34243

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: David B Strassner

☐ Member Address: 2802 Cedar Woods Place

☐ Authorized Houston, TX 77068

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Shannon E Hair

☐ Member Address: 25131 Butterwick Dr

☐ Authorized Spring, TX 77389

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jerry D Thomas

☐ Member Address: 5935 Dessert Oak Way

☐ Authorized Spring, TX 77379

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Flavil W Phillips, Sr

☐ Member Address: 5902 Inway Dr

☐ Authorized Spring, TX 77389

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.817.155, F.S.



Signature of an authorized person

Todd M Golden

Typed or printed name of signer

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STATE
ALL A H A E F L D R I B A



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Golden Insurance Solutions, LLC (file number 800653818), a Domestic Limited Liability Company (LLC), was filed in this office on May 11, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 21, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State