

MD0000010130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

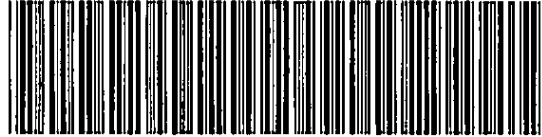
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/05/20--01016--028 **125.00

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JANET L. HARRIS

NOV 10 2020

TELEPHONE

MITCHELL || WILLIAMS

Celina Banwarth
Direct Dial 479-464-5669
Fax 479-878-6919
E-mail: cbanwarth@mwlaw.com

4206 South J.B. Hunt Drive, Suite 200
Rogers, Arkansas 72758-8131
Telephone 479-464-5650
Fax 479-464-5680

November 3, 2020

VIA USPS

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application to Register a Foreign Limited Liability Company (LLC) – World Financial Group Insurance Agency, LLC

Dear Sir or Madam:

Please find enclosed the following documents for World Financial Group Insurance Agency, LLC and the filing fee associated therewith:

1. Application to Register a Foreign Limited Liability Company (LLC)
2. Certificate of Existence

Please be advised that the Iowa Secretary of State does not issue original Certificates of Existence, however, you may validate the enclosed Certificate of Existence by visiting the following website:

<https://sos.iowa.gov/business/cert/ValidateCert.aspx>

Please process the enclosed application and return them to my attention at the address in my letterhead.

You may contact me directly with any questions.

Sincerely,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.



Celina J. Banwarth

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WORLD FINANCIAL GROUP INSURANCE AGENCY, 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:

CELINA BANWARTH

Name of Person

MITCHELL WILLIAMS LAW FIRM

Firm/Company

4206 SOUTH J.B. HUNT DRIVE, SUITE 200

Address

ROGERS, ARKANSAS 72758

City/State and Zip Code

corporate.secretarial@transamerica.com

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

For further information concerning this matter, please call:

CELINA BANWARTH

479

464-5669

at (_____) _____

Name of Contact Person

Area Code

aytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

**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. WORLD FINANCIAL GROUP INSURANCE AGENCY, 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. IOWA 3. 95-3809372
(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. 6400 C ST SW 6. 6400 C ST SW
(Street Address of Principal Office) (Mailing Address)
CEDAR RAPIDS, IOWA 52499 CEDAR RAPIDS, IOWA 52499

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION 33324
(City) Florida (Zip code)

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JACKSONVILLE, 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.

James M. Halpin James M. Halpin
(Registered agent's signature) Assistant Secretary

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: Thomas Dempsey

☐ Member Address: 6175 Weatherly Drive

☐ Authorized Sandy Springs, Georgia 30328

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Seth Miller

☐ Member Address: 1219 Greybrooke Place

☐ Authorized Oldsmar, Florida 34677

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Blake Bostwick

☐ Member Address: 8796 W. Prentice Ave.

☐ Authorized Littleton, Colorado 80123

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

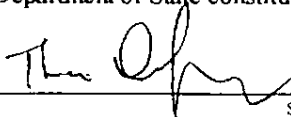
Person _____

☐ 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

Thomas Dempsey, Manager

10/30/2020

Certificate of Standing

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 10/30/2020

Name: WORLD FINANCIAL GROUP INSURANCE AGENCY, LLC (489DLC - 641248)

Date of Incorporation: 9/4/2020

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS206280

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature of Paul D. Pate in black ink.

Paul D. Pate, Iowa Secretary of State