

M230000008707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

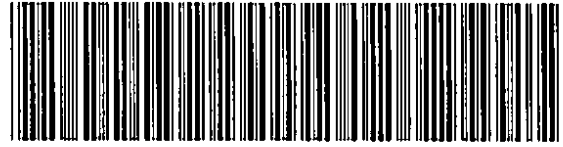
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300411198323

RECEIVED

2023 JUL -6 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

2023 JUL -6 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 07 2023  
K. Brumley



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 07/06/2023

Name: Jennifer Bialowas

Reference #: 2060537

Entity Name: MAIN STREET FINANCIAL GROUP, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other Upon filing please provide a certified copy

*File second  
name consent  
attached*

Authorized Amount: 155.00

Signature: 

**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. Main Street Financial Group, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

Main Street Insurance Group, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. North Carolina 3. 56-2185489  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 6, 2023  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1523 Elizabeth Avenue, Suite 300 6. 1523 Elizabeth Avenue, Suite 300  
(Street Address of Principal Office) (Mailing Address)  
Charlotte, NC 28204 Charlotte, NC 28204

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

APPROVED  
AND  
FILED  
2023 JUL -6 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, 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.*

Karen McKee  
(Registered agent'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:**

☒ Manager Name: Charles Z. Flack, III

☒ Member Address: 1523 Elizabeth Avenue

☐ Authorized Suite 300, Charlotte, NC 28204

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Charles Z. Flack, IV

☒ Member Address: 1523 Elizabeth Avenue

☐ Authorized Suite 300, Charlotte, NC 28204

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Matthew Frazier

☒ Member Address: 1523 Elizabeth Avenue

☐ Authorized Suite 300, Charlotte, NC 28204

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: Stephen H. Brady

☒ Member Address: 1523 Elizabeth Avenue

☐ Authorized Suite 300, Charlotte, NC 28204

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: T. Cooper Flack

☒ Member Address: 1523 Elizabeth Avenue

☐ Authorized Suite 300, Charlotte, NC 28204

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Marc Stevens

☒ Member Address: 1523 Elizabeth Avenue

☐ Authorized Suite 300, Charlotte, NC 28204

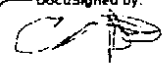
Person \_\_\_\_\_

☐ 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.

DocuSigned by:  
  
 B836F8FB1E60496

Signature of an authorized person

Charles Z. Flack, III

Typed or printed name of signer

**Attachment to Application by Foreign Limited Liability Company for Authorization to  
Transact Business in Florida  
MAIN STREET INSURANCE GROUP, LLC**

---

Pursuant to Item 8 of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida ("Authority") of Main Street Insurance Group, LLC (the "LLC"), the Authority of the LLC shall include the following additional primary member of the LLC:

**8.1** S. Daniel Gilbert, Member, 1523 Elizabeth Avenue, Suite 300, Charlotte, NC 28204.



# NORTH CAROLINA

## Department of the Secretary of State

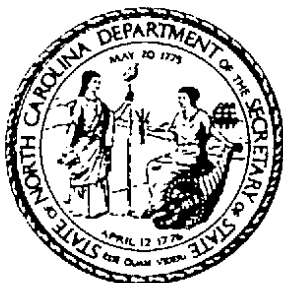
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### MAIN STREET FINANCIAL GROUP, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 31st day of December, 2022

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of July, 2023.

*Elaine F. Marshall*

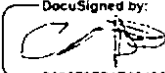
Secretary of State

**CONSENT TO USE OF NAME**

I, the undersigned, Charles Z. Flack, III, in my capacity as President of Main Street Insurance Group, Inc., hereby grant Main Street Insurance Group, LLC, as formed by Charles Z. Flack, III, consent and approval to use the name "Main Street Insurance Group, LLC" for any purposes on and after July 6, 2023.

Dated this 6th day of July, 2023.

Main Street Insurance Group, Inc.

By:  DocuSigned by:  
B836F8FB1C60496  
Charles Z. Flack, III, President