## 11/700000/683

(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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## COVER LETTER

то:		stration Section ion of Corporation	s				
SUBJE	CT:	GI Licensing Insura					
	_			Limited Liability C	ompany		
			eign Limited Liability Comp d to register the above refere				
Please 1	eturn a	ill correspondence co	oncerning this matter to the	following:			
		Deanna Stanley					
			Na	une of Person			
	Kennedy Licensing Service, Inc.						
Firm/Company							
	4144 N. Central Expy., Suite 800						
				Address			
	Dallas, TX 75204						
City/State and Zip Code							
		Twaters@kenned	lylicensing.com				
			E-mail address: (to be used	I for future annual	report not	fication)	
For fur	ther inf	ormation concerning	g this matter, please call:				
	Dear	nna Stanley		214 at (	855-073		
	-	Name o	f Contact Person	Area Code	Day	time 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				
Enclose		check for the follow 25.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	■ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

## 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:

FGI Licensing Insurance (Name of Fore	e Services, LLC  Ign Limited Liability Company; must include "Lir	nited Liability Company," "L.L.C.," or	· "LLC.")
Channa anggailabh, antar al	ernate name adopted for the purpose of transacting	a business on Electric The electrons	as a second control of the second
iability Company," "L.L.C."	or "LLC.")	g business in Florida. The alternate hai	ne mast metade 15mmed
Delaware	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	)
UPON QUALIFICATI			
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	<del></del>
80 Broad Street, 22nd			_
New York, NY 10004			ڪِ
<del> </del>	(Street Address of Principal Office	ee)	
80 Broad Street, 22nd F	loor		HA .
New York, NY 10004			MITEB 24 MIN: 27
	(Mailing Address)		Size F
Name and street addres	s of Florida registered agent: (P.O. Box NO	T acceptable)	75
Name:	Registered Agent Solutions, Inc.		22
Office Address:	155 Office Plaza Dr., Suite A		
	Tallahassee	Diamida 32301	
	(City)	Florida 32301 (Zip code)	_
esignated in this applica complywith the provision eccept the obligations of t	gistered agent and to accept service of procession, I hereby accept the appointment as regions of all statutes relative to the proper and only position as registered agent.  (Registered agent's service of procession and continuous procession as registered agent.)	istered agent and agree to act in the complete performance of my dutie	his capacity. I further ag is, and I am familiar with
David DiPiero	city and address of the person(s) who has/har	treet, 22nd Hoor, New	YOR, NY 1000Y
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is instanted)		
	Signature of an authori	zed person	_
	<i>C</i>		a
	in accordance with section 605.0203 (1) (b), the Department of State constitutes a third d		

Typed or printed name of signee

David DiPiero, President



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FGI LICENSING INSURANCE SERVICES, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FGI LICENSING INSURANCE SERVICES, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2016.





Authentication: 201956320

Date: 02-07-17

6002778 8300 SR# 20170433591