

M24000004934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

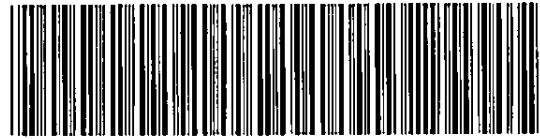
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

W24-58631

Office Use Only



400426909624

2024 APR 11 AM 9:32

RECEIVED

2024 APR 11 AM 10:43

SECRETARY
TALLAHASSEE, FLORIDA

APR 18 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2024

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: FOXEN INSURANCE AGENCY LLC
Ref. Number: W24000058631

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

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

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) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 424A00008005

RECEIVED
2024 APR 17 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 Lakesore Drive
Tallahassee, FL 32312

Date: 04/11/2024

Acc#I20160000072

en: c SW

Name:	Foxen Insurance Agency LLC
Document #:	
Order #:	15419991

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Foxen 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:

Kelli Stiles

Name of Person

Foxen

Firm/Company

333 W. Nationwide Blvd.

Address

Columbus OH 43215

City/State and Zip Code

legal@foxen.com

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

For further information concerning this matter, please call:

Kelli Stiles

380

228-5820

Name of Contact Person

at (_____) _____
Area Code

Daytime 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. Foxen 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. Delaware 3. 93-2266337
(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. 333 W Nationwide Blvd. 6. 333 W Nationwide Blvd.
(Street Address of Principal Office) (Mailing Address)

Columbus OH 43215 Columbus OH 43215

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)

2024 APR 11 AM 9:32

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.

By: C T Corporation System Sandra Zwijack, Assistant Secretary *Sandra Zwijack*
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: see attached.	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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:

Kevin Jacobson

0053257979FA422...

Signature of an authorized person

Kevin Jacobson, President

Typed or printed name of signer

**Attachment to Foxen Insurance Agency LLC's
Application for Certificate of Authority**

Member: Foxen Administration, LLC

Manager: Foxen Administration, LLC

Officers:

Title	Name	Business Address	City, State Zip
Vice President – Designated Responsible Licensed Producer	George Sacco	333 W. Nationwide Blvd.	Columbus, OH 43215
Chief Executive Officer	James B. Harkrider, III	333 W. Nationwide Blvd.	Columbus, OH 43215
President	Kevin Jacobson	333 W. Nationwide Blvd.	Columbus, OH 43215
Secretary	Andrew Lallathin	80 E Rich St, Suite #120	Columbus, OH 43215
Treasurer	Patrick McBride	80 E Rich St, Suite #120	Columbus, OH 43215
Chief Legal & Insurance Officer	Kelli Stiles	333 W. Nationwide Blvd.	Columbus, OH 43215
Chief Revenue Officer	Meghann Carroll	50 Prospect Street	Topsfield, MA 01983

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FOXEN INSURANCE AGENCY 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 SECOND DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



7507464 8300

SR# 20241259381

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203156901

Date: 04-02-24