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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

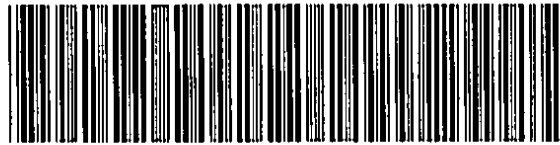
(Business Entity Name)

(Document Number)

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2017 OCT 17 PM 1:03

OCT 19 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FIRSTBANK 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:

Myrlena Ortiz, Esq.

Name of Person

Law Offices at 1020, PSC

Firm/Company

318 Ave. De Diego, Suite 205B

Address

San Juan, PR 00909

City/State and Zip Code

mortiz@fcglaw.net

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

For further information concerning this matter, please call:

Myrlena Ortiz, Esq.

Name of Contact Person

at (**787**)

Area Code

758-9989

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:

☐ \$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



FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR
COMMISSIONER

September 19, 2017

Ms. Myrlena Ortiz, Esq.
318 Ave. De Diego
Suite 205B
San Juan, PR 00909

Re: FirstBank Insurance Agency, LLC

Dear Ms. Ortiz:

Reference is made to your recent letter requesting approval to register the above-referenced fictitious name with the Florida Secretary of State by FirstBank Insurance Agency, LLC, which is a holding company whose subsidiary is FirstBanCorp. and an affiliate of FirstBank Puerto Rico, a Puerto Rico chartered bank.

Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in its corporate name. Therefore, this Office will not object to the use of the above referenced name being registered to transact business in the state of Florida. However, this correspondence is not intended to grant the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeremy W. Smith", is written over a horizontal line.

Jeremy W. Smith
Director
Division of Financial Institutions

JWS:dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2017

MYRLENA ORTIZ, ESQ.
LAW OFFICES AT 1020, PSC
318 AVE. DE DIEGO, SUITE 205B
SAN JUAN, PR 00909

SUBJECT: FIRSTBANK INSURANCE AGENCY, LLC
Ref. Number: W17000066779

2017 OCT 17 PM 1:03

We have received your document for FIRSTBANK INSURANCE AGENCY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

The registered agent must sign accepting the designation.

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.

Deborah Bruce
Regulatory Specialist III

Letter Number: 417A00016655

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. FIRSTBANK INSURANCE AGENCY, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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. PUERTO RICO

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0577926

(F.E.I. number, if applicable)

4. N/A

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

5. 1519 Ponce de León Ave.,

(Street Address of Principal Office)

23 1/2 PH Floor

San Juan, PR 00918

6. PO Box 9146

(Mailing Address)

San Juan, PR 00908

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

Name: HUB International Midwest Limited Corporation d/b/a HUB International Florida

Office Address: 10368 West State Road 84, Suite 201

Davie

(City)

Florida 33324

(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.

MANUEL RUIZ III

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Sole Member

FIRST BANCORP

Managing Administrator

Alfredo Báez

1519 PONCE DE LEÓN AVE., 23 1/2 PH FLOOR
SAN JUAN, PR 00908

1519 Ave. Ponce de León, 23 1/2 PH Floor
San Juan, PR 00908

Administrator

Aurelio Alemán

Administrator

Orlando Berges

1519 PONCE DE LEÓN AVE., 23 1/2 PH FLOOR
SAN JUAN, PR 00908

1519 Ave. Ponce de León, 23 1/2 PH Floor
San Juan, PR 00908

(Use attachments if necessary)

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)

[Signature]
Signature of an authorized person

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.

Alfredo Báez, Esq.

Typed or printed name of signer



Government of Puerto Rico

CERTIFICATE OF EXISTENCE

I, **LUIS G. RIVERA MARÍN**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, **FIRSTBANK INSURANCE AGENCY, LLC**, registry number **110116**, is a domestic for profit limited liability company, organized on **December 29, 1999**, in accordance to the General Corporations Law, as amended.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **June 23, 2017**.

LUIS G. RIVERA MARÍN
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 23-Jun-2018.

Certificate Validation Number: **209404-79665368**