

F15 000 00/226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

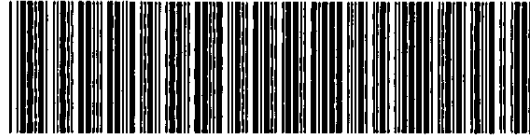
(Document Number)

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

Special Instructions to Filing Officer:

W15-17342

Office Use Only



100270247431

03/09/15--01009--002 \*\*78.75

15 MAR 23 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
FILED

V/H

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ELAN INSURANCE, INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

OMAR HAEDO

Name of Person

ELAN INSURANCE, INC

Firm/Company

500 SOUTH DIXIE HWY, SUITE # 306

Address

CORAL GABLES, FL 33146

City/State and Zip code

omar.haedo@bcbsvi.agency

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

For further information concerning this matter, please call:

OMAR HAEDO

Name of Person

at ( 305 ) 290-3750

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|---|---|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2015

OMAR HAEDO  
500 SOUTH DIXIE HWY, SUITE #306  
CORAL GABLES, FL 33146

SUBJECT: ELAN INSURANCE, INC  
Ref. Number: W15000017342

We have received your document for ELAN INSURANCE, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00004962

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ELAN INSURANCE, INC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

OMAR HAEDO

Name of Person

ELAN INSURANCE, INC

Firm/Company

500 SOUTH DIXIE HWY, SUITE # 306

Address

CORAL GABLES, FL 33146

City/State and Zip code

omar.haedo@bcbsvi.agency

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

For further information concerning this matter, please call:

OMAR HAEDO

Name of Person

at ( 305 ) 290-3750

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ELAN INSURANCE, INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PUERTO RICO 3. 66-0792408  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/11/2011 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 03/04/2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 SOUTH DIXIE HWY, SUITE # 306  
(Principal office address)  
CORAL GABLES, FL 33146  
(Current mailing address)

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

Name: OMAR HAEDO

Office Address: 500 South Dixie Hwy #306  
Coral Gables, Florida 33146  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

15 MAR 23 PM 4:03

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: OMAR HAEDO

Address: 500 SOUTH DIXIE HWY, SUITE # 306

CORAL GABLES, FL 33146

Vice President: OMAR HAEDO

Address: 500 SOUTH DIXIE HWY, SUITE # 306

CORAL GABLES, FL 33146

Secretary: OMAR HAEDO

Address: 500 SOUTH DIXIE HWY, SUITE # 306 CORAL GABLES, FL 33146

Treasurer: OMAR HAEDO

Address: 500 SOUTH DIXIE HWY, SUITE # 306 CORAL GABLES, FL 33146

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. OMAR HAEDO

(Typed or printed name and capacity of person signing application)



APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

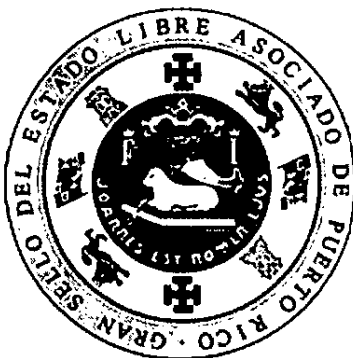
Commonwealth of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

## CERTIFICATE OF EXISTENCE

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

**CERTIFY:** That, **ELAN INSURANCE, INC.**, registry number **205636**, is a **domestic for profit corporation**, organized on **October 10, 2011**, 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 Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 17, 2015**.

**DAVID E. BERNIER RIVERA**  
Secretary of State

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

This certificate can be validated up to 5 times before its expiration date of 13-Sep-2015.

Certificate Validation Number: **103856-53922929**



APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

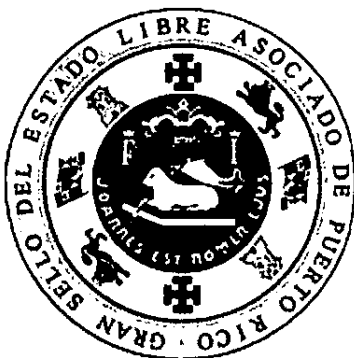
Estado Libre Asociado de Puerto Rico  
**DEPARTAMENTO DE ESTADO**  
San Juan, Puerto Rico

## CERTIFICADO DE EXISTENCIA

Yo, **DAVID E. BERNIER RIVERA**, Secretario de Estado del Estado Libre Asociado de Puerto Rico,

**CERTIFICO:** Que, de acuerdo con nuestros archivos "**ELAN INSURANCE, INC.**", registro número **205636**, es una **corporación con fines de lucro** organizada a tenor con la Ley General de Corporaciones, según enmendada, el **10 de octubre de 2011**.

*Esta certificación no implica que esta corporación haya cumplido con el requisito de radicar informes anuales conforme a la Ley General de Corporaciones, según enmendada. Si usted interesa saber si esta corporación ha rendido informes anuales, deberá solicitar una Certificación de Cumplimiento ("Good Standing").*



**EN TESTIMONIO DE LO CUAL**, firmo el presente y hago estampar en él el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **17 de marzo de 2015**.

**DAVID E. BERNIER RIVERA**  
Secretario de Estado

Para validar este certificado acceda a: <http://www.estado.gobierno.pr>

Este certificado podrá ser validado hasta 5 veces antes de la fecha de expiración 13-sep-2015.

Número de Validación del Certificado: **103856-53922929**