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J. LEGGETT Mar 3 0 2018

COVER LETTER

TO:	Registration Sec Division of Corp					
SURI	Vere Glob	ał Insurance Group, LLC	;			
Name of corporation - must include suffix						
Dear S	Sir or Madam:					
"Certi	ficate of Existence	on by Foreign Corpora " or "Certificate of Go corporation to transact	ood Standi	ng" and check are sub	ct Business in Florida," omitted to register the	
	return all corresp Joiner	ondence concerning th	is matter to	o the following:		
-		1	lame of Pe	rson		
Vere C	ilobal Insurance Gro	oup, LLC				
400 N	Tampa St Suite 10		irm/Compa	iny		
		·	Address			
Tampa	, FL 33602					
		City	y/State and	Zip code		
info@	vereglobal.com					
		E-mail address: (to	be used for	future annual report	notification)	
For fu	rther information	concerning this matter,	please cal	l:		
Joshua	Joiner ,	8 at (13	784-7085		
	Name of Persor		rea Code	Daytime Telep	hone Number	
Enclos	Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	orations Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
	0.00 Filing Fee	\$78.75 Filing Fee Certificate of Sta		\$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.

Vere Global Ins	surance Group. LLC			
(Enter name of c	corporation; must include "TNCORPORATED," Corp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting but	siness in Florida)	
Delaware 2.	3,	81-4986236 (FEI number, if applica		
(State or count) 02/17/2017				
(Date	(Date of incorporation) 5. (Date of duration, if other than			
6				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2. F.S. to determine penalty liability)		
	ngs Ln, Collierville, TN 38017	2; 1 10 it to determine penalty monty		
7	(Principa	I office address)	· 🐯	
400 N Tampa St	, Suite 1040, Tampa. FL 33602	,	1 元	
	(Current mailing	address, if different)		
8. Name and stre Name:	et address of Florida registered agent: (P.O. Joshua Joiner	. Box <u>NOT</u> acceptable)	PM 1: Ut	
Office Address:	400 N Tampa St Suite 1040		5-	
	Татра	33602 , Florida		
	(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Mark Collinsworth 1288 Marsh Springs Ln Address: __ Collierville, TN 38017 Vice Chairman: Address: Address:

Director:	
B. OFFICE	RS
Jo: President:	shua Joiner
	4 S Sterling Ave
	npa. FL 33629
Vice Presiden	
Secretary:	
Address:	
Treasurer:	
NOTE: If n	ecessary, you may attack an addendum to the application listing additional officers and/or directors.
12	
	Signature of Director or Officer
The officer o	or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
are true and I	that he or she is aware that false information submitted in a document to the Department of State constitutes
a third degre	e felony as provided for in s.817.155, F.S.
13	
	(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VERE GLOBAL INSURANCE GROUP, 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 FIFTH DAY OF MARCH, A.D. 2018.

6279750 8300 SR# 20181707119

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

Authentication: 202258423

Date: 03-05-18