

5/3/2019

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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION
Thirdfed Insurance LLC

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MAY 6 2019

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.

THIRDFED INSURANCE LLC

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

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

2. OHIO 3. 82-3915407
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/20/2017 5. 12/20/2017
(Date of incorporation) (Date of duration, if other than perpetual)

6. 12/20/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o Third Federal Savings and Loan Association of Cleveland, 7007 Broadway Avenue, Cleveland, OH 44105
(Principal office address)

(Current mailing address, if different)

8. 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, Florida 33324
(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.

C T Corporation System

By: Tracy Kellner Tracy Kellner, Assistant Secretary
(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: _____

Address: _____

Vice Chairman: _____

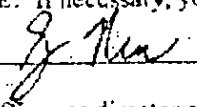
Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Anna Maria MottaAddress: 7007 Broadway AvenueCleveland, OH 44105Vice President: Pamela LeshnerAddress: 29247 US Highway 19 NClearwater, FL 33761Secretary: Theresa Batton LoraAddress: 7007 Broadway Avenue, Cleveland, OH 44105Treasurer: Guy RosaAddress: 7007 Broadway Avenue, Cleveland, OH 44105**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 11 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. Guy Rosa, Treasurer

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

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THIRDFED INSURANCE LLC, an Ohio For Profit Limited Liability Company, Registration Number 4113584, was organized within the State of Ohio on December 20, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.

RECEIVED
MAY 3 10 31 AM
STATE OF OHIO
SECRETARY OF STATE



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of April, A.D. 2019.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201912004274