

F19000000423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

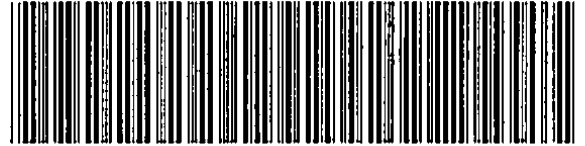
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000082296

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2019

JONATHAN KRUTCHIK
500 E. LAS OLAS BLVD.
#4203
FORT LAUDERDALE, FL 33301

SUBJECT: VALUESHIELD REINSURANCE COMPANY, LTD.
Ref. Number: W19000082296

We have received your document for VALUESHIELD REINSURANCE COMPANY, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Yvette Scott
Document Specialist II

Letter Number: 119A00018689

COVER LETTER

TO: Registration Section
Division of Corporations
ValueShield Reinsurance Company, LTD. Corp.

SUBJECT: _____
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:
Jonathan Krutchik

Name of Person
Value Guard, LLC

Firm/Company
500 E LAS OLAS BLVD #4203

Address
FORT LAUDERDALE, FL 33301

City/State and Zip code
jkrutchik@valueshieldauto.com

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

For further information concerning this matter, please call:

Jonathan Krutchik 954 449-1700

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.*

ValueShield Reinsurance Company, LTD. Corp.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable)
Turks and Caicos Islands 89-1498089
(State or country under the law of which it is incorporated)
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6/27/19
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 500 E LAS OLAS BLVD #4203, FORT LAUDERDALE, FL 33301
(Principal office address)
- _____ (Current mailing address, if different)

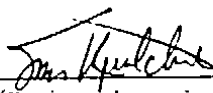
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jonathan Krutchik

Office Address: 500 E LAS OLAS BLVD, #4203
FORT LAUDERDALE, Florida 33301
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Jonathan Krutchik
President: _____

500 E LAS OLAS BLVD, #4203, FORT LAUDERDALE, FL 33301
Address: _____

Steven Jensen
Vice President: _____

5875 SW 128 AVE, Southwest Ranches, FL 3333
Address: _____

Phillip Muskat
Secretary: _____

10775 SW 133 Terr., Miami, FL 33176
Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach _____ 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.

Jonathan Krutchik, President
13. _____

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



COMPANIES REGISTRY

COMPANIES ORDINANCE 2017

(ORDINANCE NO 8 OF 2017)

Certificate of Incorporation

I, hereby certify that all the requirements of Section 9 of the Companies Ordinance in respect of incorporation have been satisfied and that;

ValueShield Reinsurance Company, Ltd.

Registration Number: 1.048306

is incorporated in the Turks and Caicos Islands as an *International Company* this 27th day of June 2019.

Given under my hand in the Turks and Caicos Islands


Registrar of Companies

