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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copy

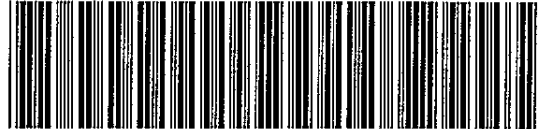
Certificates of Status

Special Instructions

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OFFICE

04 MAR -2 PM 4:08

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**Independent**  
**Agency Services, L.L.C.**

2536 Countryside Boulevard ♦ Sixth Floor ♦ P.O. Box 15059  
Clearwater, FL 33766-5059  
(727) 726-0726 ♦ Fax (727) 726-0161

February 27, 2004

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee FL 32399

Re: REINSURANCE CONSULTING, L.L.C.

Dear Sir/Madam,

Enclosed please find an original certificate of existence, application by the above limited liability company to transact business in Florida and a certificate of designation of registered agent/registered office. Also enclosed is a check in the amount of \$155.00, such sum representing the filing fee for the enclosed application (\$100), designation of registered agent (\$25.00), and a certified copy of certificate of authority (\$30.00).

Thank you for your assistance in this matter.

Sincerely,

  
Robert H. Shatanoff

Enc.

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04 MAR - 2 PM 1:08  
TALLAHASSEE, FL 32399

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PE INSURANCE CONSULTING, LLC.  
(Name of foreign limited liability company)
2. DELAWARE  
Jurisdiction under the law of which foreign limited liability company is organized
3. 80-0046849  
(FEI number, if applicable)
4. 02-19-2004  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 02-19-2004  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2536 COUNTRYSIDE BLVD 6TH FLR.  
CLEARWATER FL 33763  
(Street address of principal office)
8. Limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:  
ARMY R. BOESCH, 2536 COUNTRYSIDE BLVD 6TH FLR.  
CLEARWATER FL 33763
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Shostoff  
Typed or printed name of signee

FILED  
04 MAR - 2 PM 4:00  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

URSuant to the provisions of SECTION 608.415 or 608.507, FLORIDA STATUTES,  
HE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

The name of the Limited Liability Company is:

REINSURANCE CONSULTING. LLC.

The name and the Florida street address of the registered agent and office are:

ROBERT H. SHATANOFF.

(Name)

2536 COUNTRYSIDE BLVD. 6TH FL.

Florida street address (P.O. Box **NOT** ACCEPTABLE)

CLEARWATER FL 33763.

(City/State/Zip)

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
MAR 10 2011  
TALLAHASSEE, FLORIDA

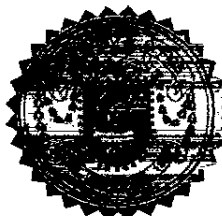
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# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REINSURANCE CONSULTING, L.L.C." 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 NINETEENTH DAY OF FEBRUARY, A.D. 2004.



3766625 8300

040115614

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2939023

DATE: 02-19-04