

**M06000000185**

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Hibernia Insurance Agency, L.L.C.**

Certificate of Status	0
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Page Count	05 04
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CT CORPORATION SYSTM

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Florida Dept of State

PAGE 02/05



January 11, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: HIBERNIA INSURANCE AGENCY, L.L.C.  
REF: W06000001304

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The documents submitted are for qualifying a foreign corporation with this office. You need to download the "Application for Foreign LLC for Authorization to transact business in Florida". This may be downloaded from [www.sunbiz.org](http://www.sunbiz.org).

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) 245-6853.

Leslie Sellers  
Document Specialist

FAX Aud. #: H06000007612  
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P.O BOX 6327 - Tallahassee, Florida 32314

SECTION OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIBERNIA INSURANCE AGENCY, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

LISA V. TARTAGLIA

(Name of Person)

HIBERNIA INSURANCE AGENCY, LLC

(Firm/Company)

3510 N. CAUSEWAY BLVD., SUITE 200

(Address)

METairie, LA 70002

(City/State and Zip Code)

For further information concerning this matter, please call:

LISA V. TARTAGLIA

(Name of Person)

at ( 504 ) 846-7844

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

**IN COMPLIANCE WITH SECTION 608.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:**

1. HIBERNIA INSURANCE AGENCY, LLC  
(Name of Foreign Limited Liability Company)
  2. LOUISIANA  
(Jurisdiction under the law of which foreign limited liability company is organized)
  3. 72-1391133  
(FEI number, if applicable)
  4. 1965  
(Date of Organization)
  5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
  6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.301 & 608.502 F.S. to determine penalty liability)
  7. 3510 N. CAUSEWAY BLVD., SUITE 200  
METAIRIE, LOUISIANA 70002  
(Street Address of Principal Office)
  8. If 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:  
(SEE ATTACHED)  
\_\_\_\_\_  
\_\_\_\_\_
  10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the 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.)
- Nature of business or purposes to be conducted or promoted in Florida: INSURANCE SALES

St. C. Terry  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.404(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
STEVEN C. TERRY, PRESIDENT & EXECUTIVE MANAGER  
Typed or printed name of signer

JAN-10-2006 00:15

P.05/05



### Hibernia Insurance Agency, LLC d/b/a Hibernia Insurance

**Officers:**

Steven C. Terry – President & Executive Mgr.  
3510 N. Causeway Blvd., Ste 200  
Metairie, Louisiana 70002

Alan M. Garucheau – Treasurer  
313 Carondelet St.  
New Orleans, Louisiana 70130

Cathy E. Chassin – Secretary  
313 Carondelet St.  
New Orleans, Louisiana 70130

Jan M. Macaluso – Assistant Treasurer  
313 Carondelet St.  
New Orleans, Louisiana 70130

Susan Klein – Assistant Secretary  
313 Carondelet St.  
New Orleans, Louisiana 70130

Buzanne Boudreaux – Chief Financial Officer  
3510 N. Causeway Blvd., Suite 200  
Metairie, Louisiana 70002

Ronald J. DeBlanc – Chief Financial Officer  
313 Carondelet St.  
New Orleans, Louisiana 70130

Sandra Gardebans – Chief Operating Officer  
3510 N. Causeway Blvd., Suite 200  
Metairie, Louisiana 70002

**Management Committee:**

Paul J. Bonifatibus  
313 Carondelet St.  
New Orleans, Louisiana 70130

Debora S. Connolly  
313 Carondelet St.  
New Orleans, Louisiana 70130

Steven E. Cunningham  
313 Carondelet St.  
New Orleans, Louisiana 70130

Jan M. Macaluso  
313 Carondelet St.  
New Orleans, Louisiana 70130

Robert M. Stuart, Jr.  
313 Carondelet St.  
New Orleans, Louisiana 70130

M. Merritt Talbot  
313 Carondelet St.  
New Orleans, Louisiana 70130

Steven C. Terry  
3510 N. Causeway Blvd., Suite 200  
Metairie, Louisiana 70002

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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3510 N. CAUSEWAY BOULEVARD, SUITE 200 (70002) • P.O. BOX 6660 • METAIRIE, LA 70006 • (504) 884-8184 OR (800) 258-6542 • FAX: (504) 884-2593

Not a Deposit	Not Insured by FDIC or any other Federal Agency
No Bank Guarantee	Agents are employed by Hibernia Insurance Agency, LLC.

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1 The name of the Limited Liability Company is:

HIBERNIA INSURANCE AGENCY, LLC

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

CT Corporation System  
(Name)

1200 South Pine Island Road  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation, Florida 33324

*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, Florida Statutes.*

CT Corporation System

By: \_\_\_\_\_

Conie B. B. B.  
(Signature)

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

JAN-10-2006 00:15

# United States of America State of Louisiana



As Secretary of State, Al Ater, I do hereby Certify that

**HIBERNIA INSURANCE AGENCY, L.L.C.**

A limited liability company domiciled in NEW ORLEANS,  
LOUISIANA,

Filed charter and qualified to do business in this State on  
August 20, 1997,

I further certify that the records of this Office indicate  
the company has paid all fees due the Secretary of State,  
and so far as the Office of the Secretary of State is  
concerned, is in good standing and is authorized to do  
business in this State.

I further certify that this certificate is not intended to  
reflect the financial condition of this company since this  
information is not available from the records of this  
Office.

In testimony whereof, I have hereunto set  
My hand and caused the Seal of my Office  
To be affixed at the City of Baton Rouge on,  
December 21, 2005

A handwritten signature in black ink, appearing to read "Al Ater".

Secretary of State  
34569635X



Certificate ID: 20051221004605

To validate this certificate, visit the following web site,  
go to Commercial Division, Validate Certificate, then  
follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)

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