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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

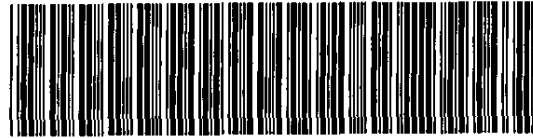
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-19
must



Volvo Financial Services

September 15, 2006

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

Re: VFS Insurance Services LLC
Application By Foreign Limited Liability Company For Authorization To
Transact Business In Florida

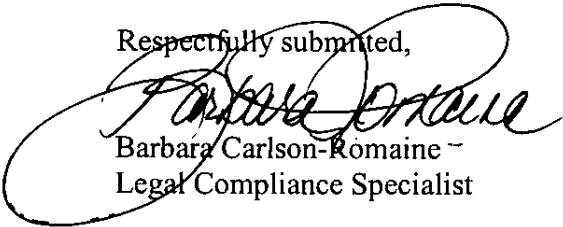
To Whom It May Concern:

With respect to the above referenced matter, enclosed is an original and one (1) copy of an "Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida" for filing with your Department, together with check in the amount of \$130.00 representing the \$125.00 requisite filing fee and \$5.00 for a Certificate of Status. Also enclosed is a Certificate of Existence from the North Carolina Secretary of State dated September 7, 2006, the required Cover Letter and Certificate of Designation of Registered Agent/Registered Office.

Kindly return the file-stamped copy and/or Certificate of Status to my attention in the business reply envelope provided herein.

If there are any questions, I can be reached at (336) 931-3932 or via e-mail at barbara.romaine@vfsco.com.

Respectfully submitted,


Barbara Carlson-Romaine
Legal Compliance Specialist

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VFS Insurance Services 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:

Barbara Carlson-Romaine, Legal Compliance Specialist

(Name of Person)

VFS Insurance Services LLC

(Firm/Company)

7025 Albert Pick Road, Suite 105

(Address)

Greensboro, North Carolina 27409

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Barbara Carlson-Romaine

(Name of Person)

at (336) 931-3932

(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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. VFS Insurance Services LLC
(Name of Foreign Limited Liability Company)

2. North Carolina 3. 56-2092928
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/07/2004 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 7025 Albert Pick Road, Suite 105
Greensboro, North Carolina 27409
(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:

Steven C. Nett - 7025 Albert Pick Road, Suite 105, Greensboro, N.C. 27409

Deborah K. Hayes - 7025 Albert Pick Road, Suite 105, Greensboro, N.C. 27409

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.)

11. Nature of business or purposes to be conducted or promoted in Florida: To engage in any lawful act
or activity for which companies may be organized to do business under the laws of Florida.

Steven C. Nett 9/1/06
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.)
Steven C. Nett

Typed or printed name of signee

**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:

VFS Insurance Services LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation, Florida 33324

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

By: 

C T Corporation System

(Signature)

ALLAN FARNELL
ASSISTANT SECRETARY

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



NORTH CAROLINA

Department of The Secretary of State

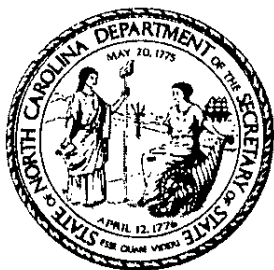
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

VFS INSURANCE SERVICES LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 7th day of December, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of September, 2006.

Elaine F. Marshall

Secretary of State