

MD60000005174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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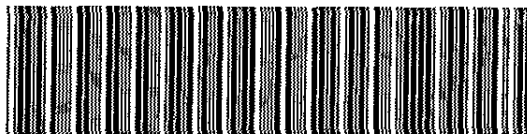
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/06--01061--006 **130.00

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J. BRYAN SEP 20 2006



CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

September 18, 2006

Registration Section
Division of Corporations
PO Box. 6327
Tallahassee, FL 32314

RE : Non Resident Agent's License
STATE OF FLORIDA

Please issue a Certificate of Status to Troy Pires and Allen, LLC so that the company can transact business in the state of Florida.
Enclosed are the following:

1. Application By foreign limited liability company for Authorization to transact Business in FL
2. Certificate of Designation of Registered Agent
3. Certificate of Existence
4. Chubb Licensing Services Check in the amount of \$130.00

Thank you for your cooperation

Tonda Pratt
Licensing Associate
Chubb Licensing Services LLC
(908) 903-2486

Encl.

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Troy Pires ^{and} Allen, 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:

Tonda Pratt
(Name of Person)

Chubb Licensing Services
(Firm/Company)

15 Mountain View RD PO Box 1615
(Address)

Warren NJ 07061-1615
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Tonda Pratt at (908) 903-2484
(Name of Person) (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. Troy Pires ^{and} Allen, LLC
(Name of Foreign Limited Liability Company)
2. Rhode Island
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 05-0453025
(FEI number, if applicable)
4. 12/27/1996
(Date of Organization)
5. 12/31/2046
(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. 376 Newport Ave
East Providence, RI 02916-0830
(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:

Peter J Troy 376 Newport Ave E. Providence, RI 02916

William M Allen 376 Newport Ave E. Providence, RI 02916

Andrew P Troy 376 Newport Ave E. Providence, RI 02916

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: _____

Insurance Agency

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.)

Peter J. Troy
Typed or printed name of signee

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**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:

Troy Pires ^{and} Allen, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

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

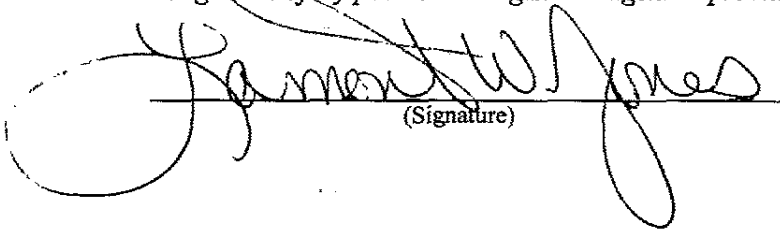
Tallahassee

FL 32301

City/State/Zip

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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.


(Signature)

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



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown
Secretary of State

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The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Troy, Pires and Allen, LLC

a Rhode Island limited liability company, filed articles of organization in this office on the 27th day of December, 1996 with an effective date of the 1st day of January, 1997; and

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED this twenty-ninth
day of August, A.D. 2006.

Matthew Brown

Secretary of State

BY *Debra Antonicelli*

