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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Truck Insurance of America LLC	
(Name of Limit	ed Liability Company)
	ility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	tter to the following:
Steve Jennette	
(Nan	ne of Person)
Truck Insurance of America L	LC
(Firm	n/Company)
P.O. Box 910	
(Address)
Colchester, VT 05446	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se cail:
Steve Jennette	at (802) 655-3675 X279
(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 \$100.00 Filing Fee & Certificat	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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.	Truck Insurance of America LLC	_
	(Name of Foreign Limited Liability Company)	
	Vermont (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	_
1	company is organized)	
4.	2/17/2004 5. 2054 (Date of Organization) (Duration: Year limited liability company will cease to	
	(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.	336 Water Tower Circle Sep	
	Colchester, VT 05446	(11111)
	Colchester, VT 05446 (Street Address of Principal Office)	- m
Q	If limited liability company is a manager-managed company, check here \checkmark	
		4000
9.	The name and usual business addresses of the managing members or managers are as follows:	
	See Attached List	_
		-
		
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re	cords in
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
	nslation of the certificate under cath of the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or promoted in Florida: Insurance Sales	_
	Paula Call	
	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.)	
	Paul Calhoun	

Typed or printed name of signee

Name:	<u>Title:</u>	Residence Address:	Business Address:
William Light	President	512 Ridgeway Blvd Deland, FL 32724	336 Water Tower Circle Colchester, VT 05446
Lester Ravlin	Vice President	512 Ridgeway Road Deland, FL 32724	336 Water Tower Circle Colchester, VT 05446
Paul Calhoun	Secretary	26 Colonel Road Essex Jct., VT 05452	336 Water Tower Circle Colchester, VT 05446
John Light	Director	28 Kettle Creek Road Jericho, VT 05465	336 Water Tower Circle Colchester, VT 05446
Andrew Light	Director	1 Collier Beach Road Hilton Head, SC 29298	336 Water Tower Circle Colchester, VT 05446

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE

1. The name of the Limited Liability Company is:
FLORIDA.
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF

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

NRAI Service	es, Inc.				
(Name)					
2731 Execu	ıtive Park Drive, Suite 4				
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Weston,	- 1996 - 4,4 Mahn, 1986 (64%, 1996) - <u>3, 3, 36 - 1</u> 88				
	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, Florida Statutes. Lisa Reeves, 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)

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Vermont Secretary of State, do hereby certify that according to the records of this office

TRUCK INSURANÇE OF AMERICA, LLC

a limited liability company formed under the laws of the State of Vermont

was filed for record in this office on February 17, 2004

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of termination have not been filed.

September 15, 2006

Given under my hand and the seal of the State of Vermont, at Monipelier, the State Capital

Deborah Markowitz Secretary of State

