

MD0000005293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600253927586

RECEIVED
DEPARTMENT OF STATE
13 DEC - 6 PM 4:26

2013 DEC - 6 AM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DEC 09 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 912474 4304954

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 6, 2013

ORDER TIME : 3:18 PM

ORDER NO. : 912474-015

CUSTOMER NO: 4304954

FOREIGN FILINGS

NAME: DUBRASKI & ASSOCIATES
INSURANCE SERVICES, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT#

EXAMINER: _____

FILED
2013 DEC -6 AM 5:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Dubraski & Associates Insurance Services, LLC
2. Jurisdiction of its organization: California
3. Date authorized to do business in Florida: 09/25/2006

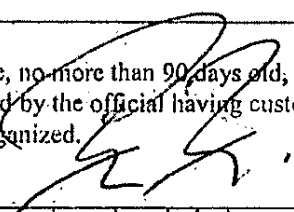
SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: Delaware
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized representative of a member

Robert J. Dubraski, Jr., Sole Manager & Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2013 DEC -6 AM 5:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A CALIFORNIA LIMITED LIABILITY COMPANY UNDER THE NAME OF "DUBRASKI & ASSOCIATES INSURANCE SERVICES, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2013, AT 6:11 O'CLOCK P.M.

5439488 8100V

131355619

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0934911

DATE: 12-02-13

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:23 PM 11/26/2013
FILED 06:11 PM 11/26/2013
SRV 131355619 - 5439488 FILE

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is California.
- 2.) The jurisdiction immediately prior to filing this Certificate is California.
- 3.) The date the Non-Delaware Limited Liability Company first formed is November 30, 2004.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Dubraski & Associates Insurance Services, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Dubraski & Associates Insurance Services, LLC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 DEC - 6 AM 5:29

FILED

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
26th day of November, A.D. 2013

By: 

Authorized Person

Name: Robert J. Dubraski, Jr., Sole Manager
Print or Type

Delaware

PAGE 2

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "DUBRASKI & ASSOCIATES INSURANCE SERVICES, LLC" FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2013, AT 6:11 O'CLOCK P.M.



5439488 8100V

131355619

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0934911

DATE: 12-02-13

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:23 PM 11/26/2013
FILED 06:11 PM 11/26/2013
SRV 131355619 - 5439488 FILE

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

- First: The name of the limited liability company is Dubraski & Associates Insurance Services, LLC
- Second: The address of its registered office in the State of Delaware is 2711
Centerville Road, Ste 400 in the City of Wilmington
Zip Code 19808

The name of its Registered agent at such address is Corporation
Service Company

- Third: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
26th day of November, 2013

By: [Signature]
Authorized Person(s)

Name: Robert J. Dubraski, Jr.
Typed or Printed Sole Manager