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**S. HAWKES**

DEC 19 2008

**EXAMINER**



**FEDERAL EXPRESS**

December 16, 2008

1150 South Olive Street, Suite T-2701  
Los Angeles, CA 90015

(213) 742-3491 – Telephone

(213) 741-6623 – Fax

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Transamerica Life Solutions, LLC  
Application by Foreign Limited Liability Company  
for Authorization to Transact Business in Florida

Dear Sir or Madam:

Pursuant to s.608.503(1), Florida Statutes, enclosed herewith are the following documents for filing on behalf of the referenced Company:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certificate of Designation of Registered Agent/Registered Office;
4. Certificate of Existence from the Delaware Secretary of State, the jurisdiction of formation;
5. A check in the total amount of \$130.00 in payment of the required fees which includes a fee for a Certificate of Status.

Would you please acknowledge receipt by stamping the enclosed copy of this letter and return to me in the self-addressed, postage-paid envelope provided. Thank you.

If you have any questions, feel free to contact me at (213) 742-3491 or by email at [doris.motherspaw@transamerica.com](mailto:doris.motherspaw@transamerica.com).

Very truly yours,

A handwritten signature in black ink, appearing to read "Doris D. Motherspaw". The signature is fluid and cursive, with a long horizontal line extending to the right.

Doris D. Motherspaw  
Paralegal

/ddm

Enclosures

cc: Jason Orlandi, Esq. (w/encls.)  
Kathryn Sullivan (w/encls.)  
Gina Tibbitts

Transamerica Occidental Life Insurance Company  
Transamerica Life Insurance Company  
Transamerica Financial Advisors, Inc.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Transamerica Life Solutions, 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:

Jason Orlandi  
(Name of Person)

Transamerica Life Solutions, LLC  
(Firm/Company)

1150 South Olive Street, Suite T-2701  
(Address)

Los Angeles, CA 90015  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Orlandi at ( 213 ) 742-2853  
(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. Transamerica Life Solutions, LLC

(Name of Foreign Limited Liability Company; must include "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 include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-1697163

(FEI number, if applicable)

4. 12/04/2007

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A

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

7. 15800 John J. Delaney Drive, Suite 450

Charlotte, NC 28277

(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:

James A. Duff, III, 15800 John J. Delaney Drive, Charlotte, NC 28277

John R. Hunter, 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499

Kenneth Kilbane, 1150 South Olive Street, Los Angeles, CA 90015

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: See Attached.

  
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.)

Jason Orlandi

Typed or printed name of signee

TRANSAMERICA LIFE SOLUTIONS, LLC

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

11. Nature of business or purposes to be conducted or promoted in Florida:

Engaging in business relating to the secondary market for life insurance and other activities related to insurance and financial products and services. Without limiting the foregoing, the purpose of the company is to engage in any lawful act or activity and to exercise any powers permitted to limited liability companies under the laws of the State of Delaware and that are related or incidental to the foregoing and necessary, convenient or advisable to accomplish the foregoing.

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SECRETARY OF STATE  
TREASURER

**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:

Transamerica Life Solutions, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

FL 33324

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.*

M. T. Fitzpatrick

(Signature)

M.T. FITZPATRICK  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

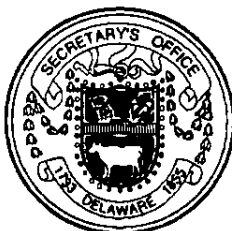
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSAMERICA LIFE SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 2008.

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SECRETARY OF STATE  
DELAWARE

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7014285

DATE: 12-10-08