

M09000000268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

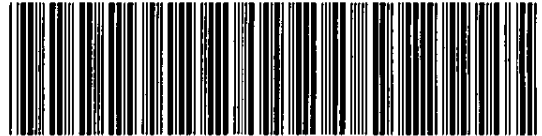
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000141391330

01/20/09--01064--020 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 JAN 20 PM 2:49

FILED

N. C. Ryan

JAN 21 2009

**KENNEDY LICENSING SERVICE, INC.**

---

**\*\*\* PROMPT ATTENTION REQUESTED \*\*\***

12/29/2008

Corp. Div.  
FL Secy. of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **FGI Risk Services, LLC**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$155.00.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,  
Kennedy Licensing Service, Inc.

*Deanna Stanley*

Deanna Stanley  
Vice President & Initial Lic'g Manager  
Email: [dstanley@kennedylicensing.com](mailto:dstanley@kennedylicensing.com)

cc: FGI Risk Services, LLC  
VICTRIX (FL), Reg. Agt.

Enc: \$155.00 fee, App. in dup.,, Cert. G.S.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FGI Risk 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:

Deanna Stanley  
(Name of Person)

Kennedy Licensing Service, Inc.  
(Firm/Company)

4144 N. Central Expy., Suite 800  
(Address)

Dallas, TX 75204  
(City/State and Zip Code)

For further information concerning this matter, please call:

Deanna Stanley at ( 214 ) 855-0737  
(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. FGI Risk Services, LLC  
(Name of Foreign Limited Liability Company)
2. New York 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 10/31/08 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 80 Broad Street New York, NY 10004  
(Street Address of Principal Office)

**FILED**  
**09 JAN 20 PM 2:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

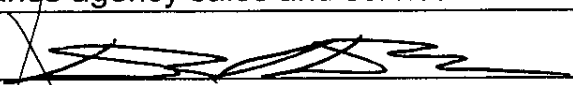
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:

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 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: \_\_\_\_\_

Nonresident insurance agency sales and service

  
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.)

David M. DiPiero, Member

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:

FGI Risk Services, LLC

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

John D. Hatch, Esquire

(Name)

1267 Berkshire Lane, Suite 200

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

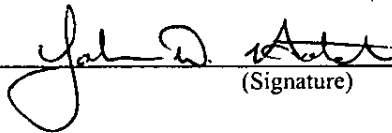
Tarpon Springs

FL 34688

City/State/Zip

**FILED**  
09 JAN 20 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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)

**FGI RISK SERVICES, LLC**  
**OFFICERS / DIRECTORS**

David M. DiPiero  
100% Stockholder / Member  
310 East 53<sup>rd</sup> Street, Apt. 20A  
New York, NY 10022

Michelle D. Bennett  
Director of Operations  
4 Oakwood Way  
Middletown, NJ 07748

**State of New York  
Department of State } ss:**

DEC 22 2008

I hereby certify, that FGI RISK SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/31/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 08th day of December two  
thousand and eight.*

200812090259 102

