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(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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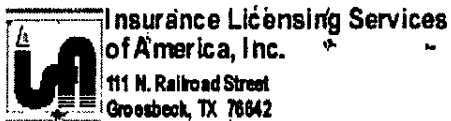


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06/18/09--01034--003 **125.00

FILED
2009 JUN 18 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 22 2009
EXAMINER



June 15, 2009

Region Code 794

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **Renaissance Alliance Insurance Services, LLC**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #99251 \$ 125.00
- ☒ Certificate of Good Standing
- ☐ Articles of Incorporation

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Kristy Starling

Kristy Starling
Licensing and Compliance Specialist
111 N. Railroad
Groesbeck, TX 76642
Ph: 254*729*6180
Fax: 254*729*8069
kstarling@licensing4insurance.com

043456048
794 FL KAS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renaissance Alliance Insurance 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:

Kristy Starling
(Name of Person)

Insurance Licensing Service of America, Inc
(Firm/Company)

111 N. Railroad
(Address)

Groesbeck, TX 76642
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristy Starling at (254) 729-6180
(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. Renaissance Alliance Insurance Services, LLC
(Name of Foreign Limited Liability Company)

2. MA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/22/1999 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. 981 Worcester Street
Wellesley MA 02482
(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:

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: _____

Non-Resident Insurance Agency

X [Signature]
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.)

Bruce Cochrane President
Typed or printed name of signee

FILED
2009 JUN 18 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

2009 JUN 10 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Renaissance Alliance Insurance Services, 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

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.

Corporation Service Company

By:

William M. Edrington

(Signature)

William M. Edrington, Authorized Representative

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

Directors and Officers Rider
Renaissance Alliance Insurance Services, LLC
981 Worcester Street
Wellesley, MA 02482
Phone: 7814319800
Fax: 7814310222

President

Bruce Cochrane
981 Worcester Street
Wellesley, MA 02482

COO

Janet Cochrane
981 Worcester Street
Wellesley, MA 02482

Sr. VP

Virginia Handerhan
981 Worcester Street
Wellesley, MA 02482

Sr. VP

Peters Ronald
981 Worcester Street
Wellesley, MA 02482



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

June 1, 2009

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

RENAISSANCE ALLIANCE INSURANCE SERVICES, LLC

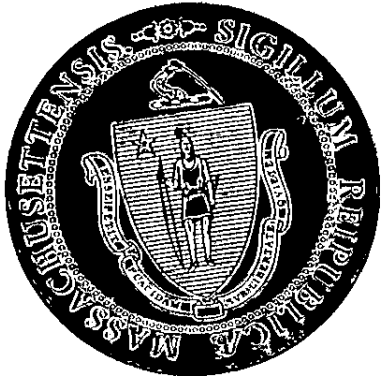
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 22, 1999.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **J. BRUCE COCHRANE, JANET COCHRANE, VIRGINIA HANDERHAN, RONALD L. PETERS, HEATHER J. COCHRANE, ROBERT S. CUBBIN, WILLIAM ANDERSON**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **J. BRUCE COCHRANE, JANET COCHRANE, VIRGINIA HANDERHAN, RONALD L. PETERS, HEATHER J. COCHRANE, ROBERT S. CUBBIN, WILLIAM ANDERSON**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **J. BRUCE COCHRANE, JANET COCHRANE**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth