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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

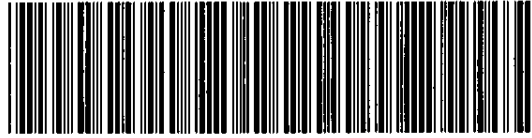
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B. KOHR

FEB 11 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -9 AM 9:06



www.supportiveinservices.com

RECEIVED
10 FEB -8 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
FEB -9 AM 9:06

DATE: January 29, 2010

TO: Secretary of State

FROM: Penni Hutcheson
Supportive Insurance Services

RE: Certificate of Authority Application

Enclosed you will find the necessary requirements to issue a Certificate of Authority. The certificate should be forwarded to:

Supportive Insurance Services, LLC
2735 Washington Ave
Vincennes, IN 47516

If you require any additional requirements, please contact me at (812) 886-0191
or via email at pjhutcheson@supportiveis.com.

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TZ Insurance 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:

Penni Hutcheson
(Name of Person)

Supportive Insurance Services LLC
(Firm/Company)

2735 Washington Ave
(Address)

Vincennes, IN 47591
(City/State and Zip Code)

For further information concerning this matter, please call:

Penni Hutcheson at (812) 886-0191 ext 13
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB - 9 AM 9:06

**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. TZ Insurance 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. DE 3. 27-1602268
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/05/2010 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. no business transacted
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2200 Fletcher Ave 4th Floor
Fort Lee NJ 07024
(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:

MG LLC, 2200 Fletcher Ave 4th Fl, Fort Lee NJ 07024

See Attached

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: _____

Insurance agency sales and marketing

Lawrence B. Lundgren
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.)

Lawrence Lundgren

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 19 AM 9:06

**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:

TZ Insurance 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:

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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.

By:

(Signature)

Catherine Botticelli, Asst Secy of NRAI

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

SECTION II: OWNERS, DIRECTORS, MEMBERS, OFFICERS & PARTNERS

The company is 100% owned by its sole member, MG LLC, a Delaware limited liability company.

<i>Name</i>	<i>Title</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	
David R. Graf	Director and President and CEO			
<i>Resident Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
109 Truman Drive	Cresskill	NJ	07626	Bergen
<i>Resident Phone Number</i>	<i>Date Took Office</i>	<i>% of Ownership</i>		
	1/6/2010	0%		

<i>Name</i>	<i>Title</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	
Kevin S. Waldman	Vice President, Treasurer and CFO			
<i>Resident Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
P.O. Box 912	Alpine	NJ	07620	Bergen
<i>Resident Phone Number</i>	<i>Date Took Office</i>	<i>% of Ownership</i>		
	1/6/2010	0%		

<i>Name</i>	<i>Title</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	
Lawrence G. Lundgren	Director and Vice President and Secretary			
<i>Resident Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
22 Karl Court	Congers	NY	10920	Rockland
<i>Resident Phone Number</i>	<i>Date Took Office</i>	<i>% of Ownership</i>		
	1/6/2010	0%		

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TZ INSURANCE 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2010.



4773716 8300

100087824

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7788881

DATE: 01-29-10