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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222~1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Vela Insurance Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



			,	
APPLICATIO		ED LIABILITY CT BUSINESS I	COMPANY FOR AUTHO IN FLORIDA	PRIZATION TO
	VITH SECTION 608.503, FLORIDA COMPANYTO TRANSACT BUSINE		FOLLOWING IS SUBMITTED TO I	REGISTER A FOREIGN
	Vela	a Insurance Services,	LLC	
(Nume of For	sign Limited Liability Company;	must include "Limit	ed Liability Company," "L.L.C.," (or "LLC.")
	ers or managing members adoptis		acting business in Florida and attac c. The alternate name must include	
	Delaware	•	36-4076368	
urisdiction under	the law of which foreign limited	liability 3.	(FEI number, if applicable))
	04/11/96	5	Perpenial	
(Da	te of Organization)	(Dura	tion: Year limited liability companior "perpetual")	y will ocase to
		. Gyige (у раграмагу	
6/01/10	(Date first transacted business	ness in Florida, if pri	or to registration.)	
	(See sections 608.501 & 60	8.502 F.S. to determ	ine penalty liability)	
475 Steamboat R	oad			
	(010			
Greenwich, CT 0		t Address of Princips	l Office)	
	·			
f limited liabil	ity company is a manager-n	nanaged company	y, check here X	
The name and	usual business addresses of	the managing me	mbers or managers are as fol	llows:
Lavid A. Jordan,	200 West Madison, Suite 2700,	Curcago, ir oudoo		
Ira S. Lederman,	475 Steamboat Road, Greenwich	ı, CT 06830		
W. Robert Berkle	ey, Jr., 475 Steamboat Road, Gree	enwich, CT 06830		
, 100001 400181	About the management security from			
Attached is an orig	inal certificate of existence, no mon	ethan 90 days old, du	ly authenticated by the official having	ng custody of records in
insciction under t	he law of which it is organized. (A. cale under oath of the translator mi	, priotocopy is not acct ust he submitted)	ptable. If the certificate is in a foreign	हो। ध्या <i>तिम्बस्टिद</i> व
STEEDER OF THE CENTER	CORPORATE CONTROL REPORTED THE	E OF SHEERINGELY		
Nature of busi	ness or purposes to be cond	incted or promote	d in Florida:	
	Underwriting	Mimager and Claim	Handling	•
	- A PARTIE AND ADDRESS OF THE PARTIES OF THE PARTIE			······································
•			01	
	Signature of a member of a member of the control of	8.408(3), F.S., the exec	representative of a member. ution of this document constitutes Sucts stated herein are true;	
	and the same of the same production	W. Robert Berkley,		
	Typed or	r printed name of		

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:	6
Vela Insurance Services, LLC	
If unavailable, the alternate to be used in the state of Florida is:	多
2. The name and the Florida street address of the registered agent and office are:	35
. C T Corporation System	
(Name)	,
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation PL 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.

C T Corporation System

By: Spileture)

Sohan-R. Dindyal
Vice President

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VELA INSURANCE SERVICES, 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 SIXTH DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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

DATE: 07-06-10