

M10000004791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

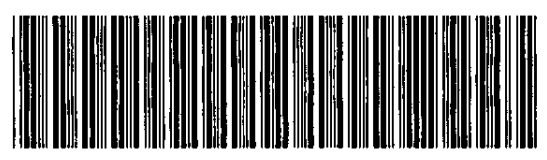
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/21/15--01035--017 **35.00

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB - 2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2015

COLLECTIBLES INSURANCE SERVICES, LLC
STEPHEN W RIES
3 BALA PLAZA EAST, STE. 300
BALA CYNWYD, PA 19004

SUBJECT: COLLECTIBLES INSURANCE SERVICES, LLC
Ref. Number: M10000004791

We have received your document for COLLECTIBLES INSURANCE SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00026897

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GLOBAL INDEMNITY
GROUP, INC.



Penn-America Group



Diamond State
GROUP



united
national
group



J.H. FERGUSON
& ASSOCIATES, LLC
VacantExpress.com

Collectibles
INSURANCE SERVICES

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

Date: January 25, 2016

Company: Collectibles Insurance Services, LLC

Subject: State of jurisdiction change from Maryland to Pennsylvania

.....

Collectibles Insurance Services, LLC has changed its state of jurisdiction from Maryland to Pennsylvania. Enclosed please find an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida form.

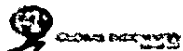
Check #9000004590 was sent to the Department on December 18, 2015. Please apply \$25.00 of this check towards the filing fee for the enclosed application. The \$10.00 credit may be returned to the following address:

Global Indemnity Collectibles Ins Srvs, LLC
Three Bala Plaza East, Suite 300
Bala Cynwyd, PA 19004

Should you have any questions or require further information, please contact me.

Regards,

Stephen W. Ries
Director and Senior Corporate Counsel
Global Indemnity Group, Inc.
A member of Global Indemnity plc



Three Bala Plaza East
Suite 300
Bala Cynwyd, PA 19004
☎ 610.668.3270 office
☎ 610.668.3385 fax
sries@global-indemnity.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Collectibles Insurance Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen W. Ries

Name of Person

Collectibles Insurance Services, LLC

Firm/Company

3 Bala Plaza East, Suite 300

Address

Bala Cynwyd, PA 19004

City/State and Zip Code

sries@global-indemnity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen W. Ries

Name of Person

at (610) 668-3270

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee *

☐ \$30 Filing Fee &

Certificate of Status

☐ \$55 Filing Fee &

Certified Copy

☐ \$60 Filing Fee,

Certificate of Status &

Certified Copy

* \$35.00 check #9000004590 sent with previous application

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Collectibles Insurance Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M10000004791

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 10/29/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Pennsylvania

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity

Name

Address

Type of Action

☐ Add

☐ Remove

☐ Add

 Remove

☐ Add☐ Remove☐ Add

 Remove

☐ Add☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Stephen W. Ries, Director and Senior Corporate Counsel

Typed or printed name of signee

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

01/19/2016

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TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Collectibles Insurance Services, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TML160112TC0275-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Domestication-Foreign
(15 Pa.C.S.)

Limited Partnership (§ 8590)
☒ Limited Liability Company (§ 8982)

Name Stephen W. Ries		
Address Three Bala Plaza East, Suite 300		
City Bala Cynwyd, PA	State PA	Zip Code 19004

Document will be returned to the
name and address you enter to
the left

Commonwealth of Pennsylvania
ARTICLES OF DOMESTICATION-BUSINESS 3 Page(s)



T1512741133

Fee: \$125

In compliance with the requirements of the applicable provisions (relating to domestication of foreign limited partnership/limited liability company), the undersigned, desiring to become a domestic limited partnership/limited liability company, hereby states that:

1. The name of the limited partnership/limited liability company is:

Collectibles Insurance Services, LLC

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and street	City	State	Zip	County
Three Bala Plaza East, Suite 300, Bala Cynwyd PA 19004				

(b) Name of Commercial Registered Office Provider	County
c/o:	

3. Check one of the following:

- ☐ **Limited Partnership:** Upon domestication, the limited partnership will be subject to the domestic limited partnership provisions of the Pennsylvania Revised Uniform Limited Partnership Act.
- ☒ **Limited Liability Company:** Upon domestication, the limited liability company will be subject to the domestic limited liability company provisions of the Pennsylvania Limited Liability Company Law of 1994.

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TALLAHASSEE, FLORIDA

4. ~~Strike out if inapplicable; otherwise check and, if applicable, complete, one or more of the following:~~

~~The purpose or purposes for which the limited partnership/limited liability company to be domesticated in the Commonwealth of Pennsylvania are:~~

☒ The purposes for which the limited partnership/limited liability company is to be domesticated in the Commonwealth of Pennsylvania include unlimited power to engage in and to do any lawful act concerning any and all lawful business for which limited partnerships/limited liability companies may be organized under the Pennsylvania Revised Uniform Limited Partnership Act/Pennsylvania Limited Liability Company Law of 1994.

~~The purposes for which the limited partnership/limited liability company is to be domesticated in the Commonwealth of Pennsylvania consists of unlimited power to engage in and to do any lawful act concerning any and all lawful business for which limited partnerships/limited liability companies may be organized under the Pennsylvania Revised Uniform Limited Partnership Act/Pennsylvania Limited Liability Company Law of 1994.~~

5. The filing of this Certificate of Domestication and, if desired, the renunciation of the original certificate of limited partnership/organization has been authorized by a majority vote of the votes cast by all partners/members entitled to vote thereon and, if any class of partners/members is entitled to vote thereon as a class, a majority of the votes cast in each class vote, or by any greater vote required by its certificate or other organic document.

6. ~~Strike out if inapplicable:~~

~~This Certificate of Domestication includes the additional provisions set forth in full in Exhibit A attached hereto and made a part hereof.~~

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Domestication to be executed this

4th day of May, 2015.

Collectibles Insurance Services, LLC

Name of Limited Partnership/Limited Liability Company

Steph A. Kees

Signature

Secretary

Title

MAY 05 2015

STATE OF MARYLAND
ARTICLES OF CONVERSION
FROM A MARYLAND LIMITED LIABILITY COMPANY TO
A PENNSYLVANIA LIMITED LIABILITY COMPANY

State Department of
Assessments and Taxation
301 W. Preston St.
Baltimore, Md. 21201

FIRST: The name of the Limited Liability Company immediately prior to filing these Articles of Conversion (these "Articles") is **Collectibles Insurance Services, LLC** (the "Converting Company"), and the date of filing of the original Articles of Organization with the Maryland State Department of Assessments and Taxation was April 8, 2010.

SECOND: The Converting Company will be converted into a Pennsylvania limited liability company to be known as **Collectibles Insurance Services, LLC** (the "PA LLC").

THIRD: The Conversion has been approved by the written consent of the sole owner of the interests in the profits of the Converting Company, in accordance with the provisions of the Maryland Limited Liability Company Act, MD. CORPS. & ASSN'S CODE, § 4A-1101 *et seq.*

FOURTH: Upon the filing of these Articles, the sole owner of one hundred percent (100%) of the outstanding membership interests in the Converting Company shall have such interests converted into one hundred percent (100%) of the membership interests in the PA LLC. The conversion of membership interests shall occur automatically without action by the sole member of the Converting Company, which shall become the sole member of the PA LLC.

FIFTH: The address of the principal office of the PA LLC in the Commonwealth of Pennsylvania is Three Bala Plaza East, Suite 300, Bala Cynwyd, PA 19004.

SIXTH: The name and address of the resident agent in Maryland are National Registered Agents, Inc. of MD, 351 W. Camden St., Baltimore, MD 21201. Said resident agent is a Maryland corporation.

[Signature page follows]

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TALLAHASSEE, FL 32310

IN WITNESS WHEREOF, the undersigned has executed these Articles of Conversion on this 4th day of May, 2015, on behalf of the Converting Company, acknowledging the same to be the act of the Converting Company.

WITNESS:

COLLECTIBLES INSURANCE SERVICES,
LLC

Patricia A. Kirk
Name:

By: Stephen W. Ries
Stephen W. Ries, Authorized Person

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