# M12000002001

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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| W12-16-104                              |
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| Office Use Only                         |



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04/09/12--01002--005 \*\*638.75

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SECRETARY BY STATE
ALL KHASSEE, FLORIDA



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2012

SUPPORTIVE INSURANCE SERVICES, L.L.C. 2735 WASHINGTON AVENUE VINCENNES, IN 47591

SUBJECT: WINE SERGI & COMPANY, LLC

Ref. Number: W12000016404

We have received your document for WINE SERGI & COMPANY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

There is a balance due of \$638.75.

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.

Leslie Sellers Regulatory Specialist II

Letter Number: 712A00009990



### Licensing EXPERTS saving you TIME & MONEY



LICENSING

DATE: March 14, 2012

TO: Secretary of State

FROM: Candy McKinney

Licensing Representative

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, L.L.C. 2735 Washington Avenue Vincennes, IN 47591

If you require any additional requirements, please contact me at (812) 886-0191 ext. 18 or via email at cwmckinney@supportiveinservices.com.

Enclosures

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA:

| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Company," "L.L.C." "LL.C.")  2. Illinois (Jurisdiction under the law of which foreign limited liability company is organized)  4. 01/03/2011 (Date of Organization)  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 225 Smith Road  St. Charles, IL 60174  (Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here   Oaniel A. Sergi, 225 Smith Road, St. Charles, IL 60174 |         |
|---|---------|
| (Jurisdiction under the law of which foreign limited liability company is organized)  4. 01/03/2011 (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 225 Smith Road  St. Charles, IL 60174  (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:  |         |
| (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 225 Smith Road  St. Charles, IL 60174  (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:  |         |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 225 Smith Road  St. Charles, IL 60174  (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:  |         |
| St. Charles, IL 60174  (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:  |         |
| (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:   |         |
| <ul> <li>8. If limited liability company is a manager-managed company, check here </li> <li>9. The name and usual business addresses of the managing members or managers are as follows:</li> </ul>   | TEG.    |
|   |         |
| <u> </u>  |         |
|   |         |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receithe 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.)   | ords in |
| 11. Nature of business or purposes to be conducted or promoted in Florida:  |         |
| Signature of a member or an authorized representative of a member.  (In accordance with section 608:)08(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Daniel A. Sergi   |         |

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:            |  |
|---|--|
| Wine Sergi & Company, LLC                                   |  |
| If unavailable, the alternate to be used in the state of Fl | orida is:  |
| 2. The name and the Florida street address of the regist    | ered agent and office are:   |
| NRAI Services, Inc.   | •  |
| (Name)  | Total States of the draw and the states of t |
| 515 East Park Avenue  |  |
| Florida Street Address (P.O. Bo                             | NOT ACCEPTABLE)  |
| Tallahassee FI  |  |
| City/State  | /Zıp   |

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: Hana Malado

Diana Marcionado, Assi., Secy.

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

RECEIVED
FEB 2 9 2012
SUPPORTIVE INSURANCE

File Number

0347871-8



#### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

WINE SERGI & COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 03, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1210101658

Authenticate at: http://www.cyberdriveillinois.com

## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH

day of APRIL

A.D.

2012

Desse White

SECRETARY OF STATE