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| (Re                     | equestor's Name)   |           |
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| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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T. HAMPTON

#### **COVER LETTER**

| SUBJECT:                      | New England Brokerage Co., LLC   | <u>.</u>   |             |
|-------------------------------|--|--|-------------|
| SUBJECT.                      | · · · · · · · · · · · · · · · · · · ·  | Name of Limited Liability Company  |             |
| The enclosed<br>Existence, an | d "Application by Foreign Limited Ind check are submitted to register the  | Liability Company for Authorization to Transact Business in Florida," Certificate ne above referenced foreign limited liability company to transact business in Flor | e of<br>ida |
| Please return                 | all correspondence concerning this   | s matter to the following:   |             |
|                               | Jodi Lash  |  |             |
|                               |  | Name of Person   |             |
|                               | J. Lash & Company  |  |             |
|                               |  | Firm/Company   |             |
|                               | 1430 Eagle Bend Drive  |  |             |
|                               |  | Address  |             |
|                               | Southlake, TX 76092  |  |             |
| •                             |  | City/State and Zip Code  |             |
|                               | jlash@jlashco.com  |  |             |
|                               | E-mail addres  | s: (to be used for future annual report notification)  |             |
| For further in                | formation concerning this matter, p  | please call:   |             |
| Jodi                          | Lash   | at (_817)  |             |
|                               | Name of Person   | Area Code & Daytime Telephone Number   |             |
| Divi<br>Regi<br>P.O.          | ision of Corporations istration Section Box 6327 ahassee, FL 32314   | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                                    |             |
| Enclosed is                   | s a check for the following am 5.00 Filing Fee \$\sime\$ | Fee & \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ Filing Fee, Certificate}  |             |

#### NEW ENGLAND BROKERAGE CORP.

INSURANCE

411 WEST PUTNAM AVENUE, SUITE 310 GREENWICH, CONNECTICUT 06830 WWW.NEBCO.NET

TEL: 203-869-4803 FAX: 203-869-0653 CARL S. ZELINSKY PRESIDENT

September 24, 2012

Florida Department of State **Division of Corporations** Registration Section Clifton Building 261 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

New England Brokerage Co., LLC (FEIN 80-0843683) ("NEBCO") is registering as a foreign limited liability company in Florida. The name of that entity is very similar to our name - New England Brokerage Corporation. Please be advised that we do not have any objection to NEBCO using the name under which it is applying for registration. Pursuant to the terms of a transaction between our company and NEBCO, our company will change its name upon the closing of such transaction.

Sincerely

Melinsky

# 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 BUSINESS IN THE STATE OF FLORIDA:

|            | New England Brokerage Co., LLC.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.  | ")        | _                            |
|------------|--|-----------|------------------------------|
| cons       | ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copent of the managers or managing members adopting the alternate name. The alternate name must include "Limite apany," "L.L.C," "LLC.") | y of the  | _<br>e written<br>ility      |
| <b>~</b> . | Delaware 3. 80-0843683   |           |                              |
|            | urisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)  |           | <del>-</del> .               |
| 4. 6       | 5/8/12 5. perpetual  |           |                              |
| _          | (Date of Organization) (Duration: Year limited liability company will c exist or "perpetual")  | ease to   | _                            |
| 6          |  |           |                              |
| _          | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |           | _                            |
| 7. 4       | 111 W. Putnam Avenue, Suite 310  | 72        | 8.<br>8.                     |
| -          | Greenwich, CT 06830  | DEC       |                              |
| -          | (Street Address of Principal Office)   | 0         | 프랑카<br>크롱아                   |
| 3. I       | f limited liability company is a manager-managed company, check here   | A         | 0650<br>9.45<br>9.65<br>9.65 |
| Э. Т       | The name and usual business addresses of the managing members or managers are as follows:  | AH II: 16 | TATE                         |
|            | leffrey Elliott, President, 411 W. Putnam Avenue, Suite, 310, Greenwich, CT 06830  | 6         | <del>S</del> .               |
| -          | erroy Errott, Frestdent, 411 W. Futhani Avende, Suite, 510, Greenwich, CT 00850  |           | _                            |
| -          |  |           | _                            |
| _          |  |           |                              |
| 0. A       | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custon   | tv of re  | conds in                     |
| heju       | risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langu  | age, a    |                              |
|            | ation of the certificate under oath of the translator must be submitted.)  |           |                              |
|            | Nature of business or purposes to be conducted or promoted in Florida:   |           | _                            |
| sa<br>—    | ale of insurance   |           | <b></b> ·                    |
| •          | _ letton clot  |           |                              |
|            | 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 aftirmation under the  |           |                              |
|            | penalties of periory 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  Jeffrey Elliott   | .5.)      |                              |

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   | e of the Limited Liability Company is:                                   |  |
|---------------|--|--|
| New England   | Brokerage Co., LLC.  |  |
| If unavailabl | ole, the alternate to be used in the state of Florida is:                |  |
| 2. The name   | e and the Florida street address of the registered agent and office are: |  |
|               | C T Corporation System   |  |
|               | (Name)   |  |
|               | 1200 South Pine Island Road  |  |
|               | Florida Street Address (P.O. Box NOT ACCEPTABLE)                         |  |
|               | Plantation FL 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.

By: C T Corporation System

(Signature)

\$ 100.00

Filing Fee for Application

\$ 25.00

**Designation of Registered Agent** 

\$ 30.00

**Certified Copy (optional)** 

\$ 5.00

**Certificate of Status (optional)** 

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# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEW ENGLAND BROKERAGE CO., 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 SEVENTEENTH DAY OF NOVEMBER, A.D.

2012.

5167201 8300

121197760

AUTHENTICATION: 9994825

DATE: 11-17-12

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