Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000300973 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone 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.

> Foreign Limited Liability Company NFP CORPORATE SERVICES (NY), LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$763.75

Electronic Filing Menu

Corporate Filing Menu

HelpD. BRUCE

DEC 27 2012

https://efile.sunbiz.org/scripts/efilcovr.exe

NOITAROARDO TO

COVER LETTER

TO:	Registrat Division	ion Section of Corporations							
evin i		Corporate Serv	ices (NY), LLC						
SUBJ	EC1:		Name of L	imited Liability Co	ompany		-		
The er Existe	nclosed "Ap	plication by Fore	eign Limited Liability Co d to register the above re	empany for Author ferenced foreign li	ization to Tra mited liability	insact Business in y company to tran	Florida," Ce sact business	rtificate of in Florida	f
Please	return all o	orrespondence o	onceruing this matter to	he following:					
	1	Lauren DeLouch	ıe						
	•	· · · · · · · · · · · · · · · · · · ·		Name of Person					
	1	National Financi	al Partners Corp.						
	, -			Firm/Company					
	•	1250 Capital of T	Texas Hwy S., Building	2, Suite 125					
	-		· · · · · · · · · · · · · · · · · · ·	Address			=======================================	~	
	4	Ausún, TX 7874	6				, זררי	2012 C	to a second
	-		City	State and Zip Cod	le		ÀHA:SSE	DEC.2	Green
	!	ielouche@nfp.co				,	SEE		l se
			E-mail address: (to be us	sed for future annu	al report noti	fication)	رح کی	ມ ⊐ <u>r</u>	17
For fu	rther inform	ation concerning	this matter, please call:	•			ORIC		
	Lauren I	eLouche		512 at (697-68	69	. ∑` ——	17 5	
		Name o	of Person A	rea Code & Daytin	ne Telephone	Number	" <u>" </u>		
P1-	Division Registrat P.O. Box Tallahass	es, Fl. 32314	Divis Regis Clifto 2661 Talla	EET ADDRESS: tion of Corporation stration Section on Building Executive Center (hassee, FL 32301					
Encid	osed is a cl S125.0	neck for the fo O Filing Fee	ollowing amount: \$130.00 Filing Fee & Certificate of Status	Certified C		口 \$160.00 Filin of Status & (ng Fes, Certifi Certified Cop		

12037 - 12/03/2012 Wollers Kluwer Colluc

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NFP Corporate Services (Name of Foreign Li	(NY), LLC mited Liability Company; must inc	lude	"Limited Liability Company," "L.L.C.," or "LLC.")	-
(If name unavailable, enter consent of the managers or Company," "L.L.C." "L.L.C.	managing members adopting the al	oso. terna	of transacting business in Florida and attach a copy of the ate name. The alternate name must include "Limited Liabil	written ity
2. New York		2	20-1941665	
(Jurisdiction under the la company is organized)	w of which foreign limited liability	٠,	(FEI number, if applicable)	<u> </u>
4. 12/01/2004		5.	perpetual	
(Date of C	Organization)		(Duration: Year limited liability company will cease to exist or "perpenual")	_
6. June 1, 2011				_
	(Date first transacted business in See sections 608.501 & 608.502 F	Plon S. t	ida, if prior to registration.) o determine penalty llability)	
7. 220 Sunrise Ave, Suite	201		SE.	_2012
Palm Beach, FL 33480			ARE HEI	
	(Street Addre	\$8 Q	Principal Office)	26
8. If limited liability c	ompany is a manager-manage	d c		R .
9. The name and usua	l business addresses of the ma	anai	ging members or managers are as follows: STATE	-: \ 2
the jurisdiction under the lan	wof which it is organized. (A photo	cop)	ays old, duly authenticated by the official baving custody of a visual acceptable. If the certificate is in a foreign language, a	- records in
	under eath of the translator must be so purposes to be conducted	·	Security of the second	<u>.</u> .
(In accordan penaltics of	oe with section 608.408(3), F.S., the ex perjury that the facts stated herein are	thic recit	notized representative of a member. tion of this document constitutes an affirmation under the I am aware that any false information submitted in a	_•
	ranteti Deforche Panteti Deforche	nca g	third degree felony as provided for in s.817.155, F.S.)	

15/56/5015 15:41 8626336092

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	f the Limited Liability	Company is:			
NFP Corporate Se	NFP Corporate Services (NY), LLC				
If unavailable,	the alternate to be used	I in the state of Florida is:			
2. The name a	nd the Florida street as	idress of the registered agent and office are:			
		CT Corporation System	, ——	N 3	
		(Namo)	SEC SEC	012	ಹಾನಿಕ
		1200 South Pine Island Road	SECRETARY TALLAHASSEE	2012 DEC 26	1
Florida Street Address (P.O. Box NOT ACCEPTABLE)					THE REAL PROPERTY.
	Plantation	FL 33324	1110	₽ 	n
		City/State/Zip	STATE	: 42	**************************************

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.

Çı	Corporation System	ı	
Ву:	Concie	Buran	Connie Bryan
	(Signai	ure) 8	Assistant Secretary
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Certified Cop	f Registered Agent

State of New York **Department of State**

I hereby certify, that AGS BENEFITS GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/01/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment AGS BENEFITS GROUP, LLC, changing its name to NFP CORPORATE SERVICES (NY), LLC, was filed 01/11/2012.



201212210015 * EZ

Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of December two thousand and twelve.

Daniel Shapiro

Special Deputy Secretary of State

15/56/2012 12:41 8656336092

CT CORPORATION