

MI3000001097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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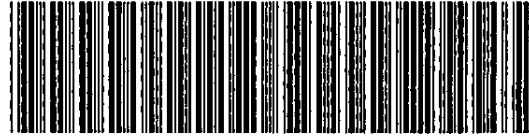
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/13--01010--025 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clear Link Insurance Agency, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Beverly Cobb

Name of Person

Alliance-Compliance, Inc.

Firm/Company

P O Box 849

Address

Lynden, WA 98264

City/State and Zip Code

Insurance@Clearlink.com

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

For further information concerning this matter, please call:

Beverly Cobb

Name of Person

888

at ()

372-7662 ext 1

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. Clear Link Insurance Agency, LLC

(Name of Foreign Limited Liability Company; must include "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 include "Limited Liability Company," "L.L.C.," "LLC.")

2. Utah

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1715304

(FEI number, if applicable)

4. 01/08/2013

(Date of Organization)

5. 99 years

(Duration: Year limited liability company will cease to exist or "perpetual")

6. upon approval

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5202 W. Douglas Corrigan Way, Ste 300

Salt Lake City, UT 84116

(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:

Clear Link Technologies, LLC / Ben Henderson (Member Rep & President)

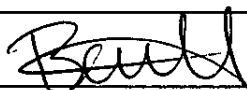
5202 W. Douglas Corrigan Way Ste 300

Salt Lake City, UT 84116

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the 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.)

11. Nature of business or purposes to be conducted or promoted in Florida:

To act as an insurance producer



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 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.)

Ben Henderson

Typed or printed name of signee

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2019 FEB 19 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM

DATE: 1/22/2013

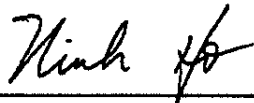
ENTITY NAME: CLEAR LINK INSURANCE AGENCY, LLC

REGISTERED AGENT NAME AND ADDRESS:

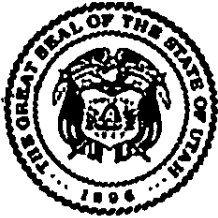
Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated



Utah Department of Commerce
Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705

Salt Lake City, UT 84114-6705

Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: <http://www.commerce.utah.gov>

01/18/2013

8539561-016001182013-287004

CERTIFICATE OF EXISTENCE

Registration Number: 8539561-0160
Business Name: CLEAR LINK INSURANCE AGENCY, LLC
Registered Date: January 08, 2013
Entity Type: LLC - Domestic
Current Status: Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Kathy Berg
Director
Division of Corporations and Commercial Code