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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: M. BURR KEIM COMPANY Account Name

Account Number : I19990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 	

Foreign Limited Liability Company CAPE HOUSE MGA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

APR 1 1 2023

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R AUTOHORIZATION T APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR

	TRANSACT BUSIN	NESS IN FLORIDA	45.0x 3	6.
IN COMPLIANCE WITH SECTION 608.	503, FLORIDA STATUTES	THE FOLLOWING IS	SUBMITTED TO THE	STER A FOREIGN
LIMITED LIABILITY COMPANY TO TRAIN 1. CAPE HOUSE MGA,		STATE OF FLORIDA:	(O)	
(Name of Foreign Limited Liabili		"Limited Liability Comp	nany " "L.L.C. " or "LL	CHI
				. ,
(If name unavailable, enter alternate nam	e adopted for the purpose	of transacting business in	Florida and attach a co	py of the written
consent of the managers or managing me Company," "L.L.C," "LLC.")	mbers adopting the alterna	ate name. The alternate na	me must include "Limi	ted Liability
2. Delaware	3.			
(Jurisdiction under the law of which for company is organized)	reign limited liability	(FEI numb	er, if applicable)	
December 14, 201	2 .	Perpetual	±1/0 1	المستعدد المستعدد
(Date of Organization)	<u> </u>	(Duration: Year limited	liability company will	CONCRETO CONTRACT
		exist or "perpetual")	至	-3
6(Date first tr	ansacted business in Flori	da, if prior to registration.	<u> </u>	177
	508.501 & 608.502 F.S. to	determine penalty liabili	(y) Hic	3 0
_{7.} 6430 Melaleuca La	ine			
Greenacres, FL 33			2	A CO
	(Street Address of	Principal Office)		
8. If limited liability company is a	manager-managed co	ompany, check here]	
9. The name and usual business ac	idresses of the manag	ing members or man	agers are as follows	:
John J. Fleming, III	6430 Melaleu	ica Lane, Gree	enacres, FL 3	3463
Brian Fleming	6430 Melaleu	ica Lane, Gree	nacres, FL 3	3463
-				
10. Attached is an original certificate of ex	stence, no more than 90 da	rys old, duly authenticated	by the official having ou	stody of records in
the jurisdiction under the law of which it is	- , ,	-	tificate is in a foreign la	nguage, a
translation of the certificate under oath of the	··· •		To undonwi	to
11. Nature of business or purposes	s to be conducted or p	romoted in Florida:	TO UNDERWIN	10
and administer hon	neowners insi	urance policie	<u> </u>	,
	adel		•	
Signature	of a member from author	orized representative of	a member.	
(in apportance with section	on 608 (08(3) F.S., the executive	on of this document constitutes arm aware that any false info	an affirmation under the ermation submitted in a	

document to the Department of State constitutes a third degree felony as provided for in a.8(7.155, F.S.)

Brian Fleming, Member

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.

	of the Limited Liability Compa	•	
If unavailable	e, the alternate to be used in the	state of Florida is:	
2. The name	W. Bradley Mo	of the registered agent and office are: unroe, Esquire (Name) inia Street ress (P.O. Box NOT ACCEPTABLE) FL 32301 City/State/Zip	·

Howing 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.

(Registered agent's 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 "CAPE HOUSE MGA, 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 NINTH DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPE HOUSE MGA, LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5259839 8300

130417001

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

AUTHENTICATION: 0345618

DATE: 04-09-13