

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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HITMAN I	ACCTERNI			

Foreign Limited Liability Company Hall Marose Silveus, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

CR2E027 (9/10)		COVER LETTER	
	stration Section sion of Corporations		
SUBJECT:	Hall, Marose, Silveus, LLC		
***************************************		me of Limited Liability Company	
		bility Company for Authorization to Transa bove referenced foreign limited liability co	
Please return	all correspondence concerning this m	atter to the following:	
	Steve Smiley		
		Name of Person	
		Firm/Company	
	1037 Mariners Drive		
		Address	
	Warsaw, IN 46582		
		City/State and Zip Code	
	steve.smilay@cropins.net		
	E-mnil address:	(to be used for future annual report notifica	illon)
For further in	formation concerning this matter, plea	ase call:	
Steve Smilay		574 267.4042	
	Name of Person	Arca Code & Daytime Telephone Ni	unber
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, PL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	•
	a check for the following amo 125.00 Filing Fee S130.00 Filin Contificate o	ng Fee & 🔲 \$155.00 Filing Fee & 🗀	I \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	ES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN E STATE OF FLORIDA:
Hall Marose Silveus, LLC	
(Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purposensent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	se of transacting business in Florida and attach a copy of the written mate name. The alternate name most include "Limited Liability
2. Indiana	3. ⁴⁶⁻¹⁶⁴²¹⁴⁶
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 12/28/2012	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. 1021 Mariners Drive	, to determine penalty liability)
Warsaw, IN 46582	
(Street Address	of Principal Office)
 If limited liability company is a manager-managed The name and usual business addresses of the man Craig Snow c/o Steve Smilay 	• •
1037 Mariners Drive	
Warsaw, IN 46582	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocomarslation of the certificate under oath of the translator must be suffer.) 11. Nature of business or purposes to be conducted or	r promoted in Florida: Insurance Sales
	≥ ∽ 3
·	
	uthorized representative of a member.
penaltics of perjury that the facts stated herein are tr	ention of this document constitutes an affirmation under the page of the same that any false information submitted in a same as a third degree felony as provided for in s.817.155, P.S.
Craig Snow	
Typed or printed	d name of signce

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 Hall Marose Silv	of the Limited Liabilit cus, LLC	y Company is:		
If unavailable,	the alternate to be us	ed in the state of Florida is:		
2. The name a	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/Slate/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: (Signature)

James Halpin, Assistant Secretary

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

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

HALL MAROSE SILVEUS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 28, 2012, and was in existence or authorized to transact business in the State of Indiana on July 02, 2013.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of July, 2013.

Corrie Lawson

Connie Lawson, Secretary of State

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