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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: C? C RISK SERVICES LLC Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please r	eturn all correspondence concerning this matter to the following:
	CRAIG BALCO Name of Person
	C; C RISK SERVICES, LLC Firm/Company
	1250 GULF BLVD. # 406
	CLEARWATER FL 33767 E
	E-mail address: (to be used for future annual report notification) E-mail report notification E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	CRAIG BALCO at (727) 459-5270 Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301
Enclos	ed is a check for the following amount: [] \$125.00 Filing Fee

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

N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	STER A
CIC RISK SERVICES, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	-
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limbility Company," "L.L.C," or "LLC.")	nited
TEXAS (Jurisdiction under the law of which foreign limited liability) 3. 46-4290966 (FEI number, if applicable)	
Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	•
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
1095 EVERGREEN CIRCLE, SUITE 200 : =	_
THE WOODLANDS, TX 77380 (Street Address of Principal Office)	
	. 3.20°
SAME	rug.
	도 원 노르 다
(Mailing Address) 写る こ	. A.
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	NI C
CHRIS FULLER MANAGING PARTNER & THE WOODLAND	VOS 7
CHRIS FULLER MANAGING PARTNER 98 THE WOODLAND AIG BALCO MANAGING PARTNER 1250 GULF BLUD. #406 CLEARMA	
THE DALCO MANAGING PAIRINGK 1230 GOLF BLUD. " GUG CLEARENA	7, J.M.
	٥.
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offi	cial
ing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	1_4
eptable. If the certificate is in a foreign language, a translation of the certificate under oath of the trans at be submitted)	lator
Chin Juller	
Signature of an authorized person	
ecordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herei ware 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.)	n are true.
CHRIS FULLER Typed or printed name of signee	

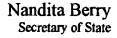
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
C:C RISK SERVICES, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
CRAIG BALCO (Name)
1250 GULF BLVD. # 406 Florida Street Address (P.O. Box NOT ACCEPTABLE)
CLEARWATER, FL 33767 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 605, Florida Statutes.

(Signature)

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





Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for C & C Risk Services, LLC (file number 801859369), a Domestic Limited Liability Company (LLC), was filed in this office on October 01, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 08, 2014.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Nandita Berry Secretary of State
Secretary of State
12 AH 11: 33

Come visit us on the internet at http://www.sos.state.tx.us/

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