M14000006515

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TO ACKNOWLEDGE
TO ACKNOWLEDGE

AND TALES OF STATE OF

TILED

SECRETARY OF STATE

B. BOSTICK AUG - 4 2014

FXAMINER

COVER LETTER

SUBJECT		Name of Limited Liability Company	
The enclos Existence,	ed "Application by Foreign Limited and check are submitted to register the	Liability Company for Authorization to Transact Business in Florida," Certifi he above referenced foreign limited liability company to transact business in l	icate o Florida
Please retu	rn all correspondence concerning thi	is matter to the following:	
	Bert L. Comb	S	
		Name of Person	
	Radey Law Fi	irm	
		Firm/Company	
	301 S. Brono	ugh Street, Suite 200	
		Address	
	Tallahassee,	FL 32301	
	Tallahassee,	FL 32301 City/State and Zip Code	
		City/State and Zip Code	
	tmiller@radey	City/State and Zip Code	
For further	tmiller@radey	City/State and Zip Code //aw.com dress: (to be used for future annual report notification)	
	tmiller@radey	City/State and Zip Code /law.com dress: (to be used for future annual report notification) please call:	T
	tmiller@radey E-mail add	City/State and Zip Code /law.com dress: (to be used for future annual report notification) please call:	71
<u>.</u>	tmiller@radey E-mail add information concerning this matter, Bert L. Combs Name of Contact Personal Initial Contact Perso	City/State and Zip Code // Iaw.com dress: (to be used for future annual report notification) please call: at 850 Area Code Daytime Telephone Notification	71 -
<u> </u>	tmiller@radey E-mail add information concerning this matter, Bert L. Combs Name of Contact Personal Initial Composition of Corporations	City/State and Zip Code // Iaw.com dress: (to be used for future annual report notification) please call: at 850 Area Code Daytime Telephone Notification	
<u></u> D R	tmiller@radey E-mail add information concerning this matter, Bert L. Combs Name of Contact Personal Initial Contact Perso	City/State and Zip Code /law.com dress: (to be used for future annual report notification) please call:	

☐ \$155.00 Filing Fee & Certified Copy

Certificate of Status

■ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mount Beacon MGA, LLC (Name of Foreign Limited Liability Company; must incompany)	clude "Limited Liability Company," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate name adopted for the purpose of	f transacting business in Florida. The alternate name must include "Limited				
Liability Company," "L.L.C," or "LLC.")	47.4000075				
Delaware 3. 47-1292375					
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)				
₄ N/A					
(Date first transacted business (See sections 605,0904 & 605.090	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)				
7785 66th Street North	· · · · · · · · · · · · · · · · · · ·				
Pinellas Park, FL 33781					
(Street Addre	ess of Principal Office)				
5					
Same					
	niling Address)				
7. The name, title or capacity and address of the pe	erson(s) who has/have authority to managalis/io:				
Mount Beacon Holdings, LLC 🕒	AMBR				
7785 66th Street North	·				
Pinellas Park, FL 33781					
having custody of records in the jurisdiction under tacceptable. If the certificate is in a foreign language must be submitted) Signature of Signature of this document or the accordance with section 605,0203. F.S., the execution of this document or the section of the sec	o more than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not a, a translation of the certificate under oath of the translator on authorized person constitutes an affirmation under the penalties of perjury that the facts stated herein are true true of State constitutes a third degree felony as provided for in s.817.155, F.S.)				
Travis L. Miller					

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:

Mount Beacon MGA, LLC

If unavailable, the alternate to be used in the state of Florida is:

N/A

2. The name and the Florida street address of the registered agent and office are:

Travis L. Miller			2014	employand.
(Name)			AU6	E 10.000
301 South Bronough Street, Suite 200			-	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			\triangleright	
		S	Ö	
Tallahassee	FL 32301	हुँन	56	
	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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOUNT BEACON 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 FOURTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOUNT BEACON MGA, LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 2014.

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

SECRETARY OF STATE

5561793 8300

141028972

AUTHENT CATION: 1589502

DATE: 08-04-14

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2014

BERT L. COMBS 301 S. BRONOUGH STREET SUITE 200 TALLAHASSEE, FL 32301

SUBJECT: MOUNT BEACON MGA, LLC

Ref. Number: W14000047153

We have received your document for MOUNT BEACON MGA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 714A00016489

www.sunbiz.org