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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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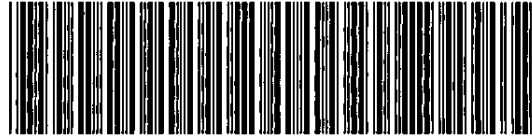
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gungor AUG -1 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Loss Solutions Group 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:

Stacey Curtis
Name of Person

Loss Solutions Group
Firm/Company

3576 Somerset Circle
Address

Kissimmee, FL 34746
City/State and Zip Code

Scurtis@losssolutionsgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Curtis at (860) 917-3713
Name of Contact Person 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Loss Solutions Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
LSG LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. CT 3. 20-4051032
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3576 Somerset Circle
Kissimmee, FL 34746
(Street Address of Principal Office)

6. 3576 Somerset Circle
Kissimmee, FL 34746
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Stacey Curtis (CEO) or Richard Curtis (CEO)
3576 Somerset Circle
Kissimmee, FL 34746

8. 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)

Stacey L. Curtis
Signature of an authorized person

(In accordance with section 605.0203, 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.)

Stacey L. Curtis
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

Loss Solutions Group LLC

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

LSG LLC

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

Stacey Curtis
(Name)

3576 Somerset Circle
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Kissimmee FL 34746
City/State/Zip

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TALLAHASSEE, FLORIDA

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.

Stacey L Curtis
(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 the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

LOSS SOLUTIONS GROUP, LLC

a domestic limited liability company, were filed in this office on December 27, 2005. The following is a
list of all documents filed in this office:

Filing Type: -----	File Date/Time: -----	Effective Date/Time: -----
ARTICLES OF ORGANIZATION	December 27, 2005 12:00 PM	
REPORT (2006)	December 18, 2006 08:30 AM	
REPORT (2007)	December 20, 2007 08:30 AM	
REPORT (2008)	December 17, 2008 10:12 AM	
REPORT (2009)	January 27, 2010 12:41 PM	
REPORT (2010)	December 22, 2010 08:30 AM	
REPORT (2011)	December 22, 2011 08:30 AM	
REPORT (2012)	November 19, 2012 11:39 AM	
REPORT (2013)	December 09, 2013 12:58 PM	

Office of the Secretary of the State of Connecticut

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.



Secretary of the State

Date Issued: July 29, 2014