

M1400000L856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-57259

Office Use Only



700264144027

09/15/14--01023--007 **125.00

FILED
2014 SEP 23 PM 5:00
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

SEP 23 2014
J. BRUCE



September 19, 2014

Division of Corporations
Registration Section
P O Box 6327
Tallahassee, FL 32314

Attention : Debra Bruce

Re: Elite Partners Insurance, LLC
FEIN: 46-4350972
File # : W14000057259

Dear Madam,

Attached please find the certificate of good standing from Delaware, that was erroneously omitted from our previous correspondence.

Should you have any additional questions or concerns, please do not hesitate to contact us.

Sincerely,

Mike Hughes
CEO

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2014 SEP 23 PM 5:00
CLERK OF COURT
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2014

MIKE HUGHES
522 ALT. 19
PALM HARBOR, FL 34683

SUBJECT: ELITE PARTNERS INSURANCE, LLC
Ref. Number: W14000057259

We have received your document for ELITE PARTNERS INSURANCE, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 014A00020028

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2014 SEP 23 PM 5:00
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELITE INSURANCE PARTNERS 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:

Mike Hughes

Name of Person

Hughes Consulting Services, LLC

Firm/Company

522 Alt. 19

Address

Palm Harbor, FL 34683

City/State and Zip Code

mikehughes@consultinghughes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Hughes

Name of Contact Person

727

Area Code

631-2536

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

FILED
TALLAHASSEE, FLORIDA
SEP 23 2014

2014 SEP 23 PM 5:00

FILED

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. ELITE INSURANCE PARTNERS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware 3. 46-4350972
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/02/14
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

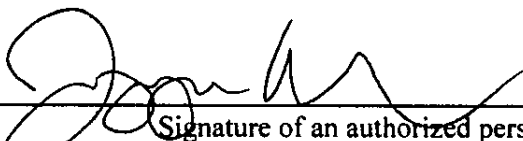
5. 3375 Hunt Club Dr
Clearwater, FL 33761
(Street Address of Principal Office)

6. 3375 Hunt Club Dr
Clearwater, FL 33761
(Mailing Address)

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

Jagger Esch, Managing Member

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)



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.)

Jagger Esch

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:

ELITE INSURANCE PARTNER SLLC

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:

Michael Hughes

(Name)

522 Alt. 19

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Palm Harbor

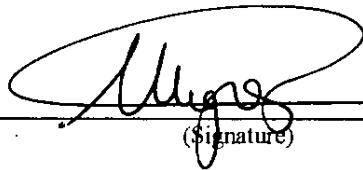
FL

34683

City/State/Zip

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CLERK OF STATE
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.



(Signature)

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

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELITE INSURANCE PARTNERS 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2014.



5453076 8300

141124991

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1660350

DATE: 08-29-14