

below) on the top and bottom of all pages of the document.

(((H14000231783 3)))



H140002317833ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL Account Number : I20050000052

Account Number: 1200500000052 Phone: (850)656-7956 Fax Number: (850)656-7953

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email Address: RDellaguardia@lockton.com

14 OCT -2 A身 9: 25

Foreign Limited Liability Company Lockton Specialties, LLC

RECEIVED
14 OCT -2 PH I2: 00
INISION OF CORPERCIONS
INFORMATION SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 03 2014 J. BRUCE

Date: 10/02/2014 04:03:51 PM -0400

Pages: 4

Subject: Florida Filing

Jo:

Organization:

Jax Number: 8506176383

Phone Number:

From:

Organization:

Jax Number:

Phone Number:

Email: ksharpe@incserv.com



Attention Division of Corporations

Kim Sharpe
Assistant Vice President
Incorporating Services, Ltd.
548 Old Mill Village Drive
Apex, NC 27502
855.541.1705
919.629.6194 (direct)
INCserv.com
MyISL(tm) https://clients.myisl.net/myisl/login.aspx

* Facebook<http://www.facebook.com/INCserv>
* Twitter<http://www.twitter.com/INCserv>

LinkedIn<ahttp://www.linkedin.com/company/incorporating-services-ltd.>
* Google+<ahttps://plus.google.com/116111501212340680624>
* Blog<ahttps://incserv.com/blog>

America Made Took (b. Faxinder

The analysis of this first in some as considering to each out planes only	, fax
If you received this fax in error, or would like to opt-out, please call	, 104
or email	

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:

(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 alterna	to name must include "L	imited
bility Company, " "L.L.C," or "LLC.")		
Missouri 3. 47~19360₹2		
Jurisdiction under the law of which foreign limited liability (FEI number, if ap company is organized)	plicable)	
Upon registration	·	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
444 West 47th Street, Suite 900, Kansas City, MO 64112	80	# 44 1
	2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	7
(Street Address of Principal Office)	TO SE	Name Indian
444 West 47th Street, Suite 900, Kansas City, MO 64112	AH S	
	- N	10.00
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:	_
The name, title or capacity and address of the person(s) who has/have authority to	•	_
The name, title or capacity and address of the person(s) who has/have authority to	•	_
The name, title or capacity and address of the person(s) who has/have authority to	•	-
The name, title or capacity and address of the person(s) who has/have authority to eckton Insurance Agency, Inc., 444 West 47th Street, Kansas City, MO 64. Attached is an original certificate of existence, no more than 90 days old, duly authority to the name, title or capacity and address of the person(s) who has/have authority to eckton Insurance Agency, Inc., 444 West 47th Street, Kansas City, MO 64.	112, Manager	
The name, title or capacity and address of the person(s) who has/have authority to ackton Insurance Agency, Inc., 444 West 47th Street, Kansas City, MO 64. Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized.	112, Manager nenticated by the o	t
The name, title or capacity and address of the person(s) who has/have authority to bekton Insurance Agency, Inc., 444 West 47th Street, Kansas City, MO 64. Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized. (Acceptable, If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized.	112, Manager nenticated by the o	t
The name, title or capacity and address of the person(s) who has/have authority to bekton Insurance Agency, Inc., 444 West 47th Street, Kansas City, MO 64. Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized. (Acceptable, If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized.	112, Manager nenticated by the o	t
The name, title or capacity and address of the person(s) who has/have authority to bekton Insurance Agency, Inc., 444 West 47th Street, Kansas City, MO 64. Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized. (Acceptable, If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized.	112, Manager nenticated by the o	t
The name, title or capacity and address of the person(s) who has/have authority to ackton Insurance Agency, Inc., 444 West 47th Street, Kansas City, MO 64. Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized. (Aceptable. If the certificate is in a foreign language, a translation of the certificate units be submitted)	112, Manager nenticated by the o	t
The name, title or capacity and address of the person(s) who has/have authority to ackton Insurance Agency, Inc., 444 West 47th Street, Kansas City, MO 64. Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized. (Aceptable. If the certificate is in a foreign language, a translation of the certificate unist be submitted) Signature of an authorized person eccordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of person.	nenticated by the of A photocopy is not der oath of the training that the facts stated he	nslato
The name, title or capacity and address of the person(s) who has/have authority to ockton Insurance Agency, Inc., 444 West 47th Street, Kansas City, MO 64. Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized. (Acceptable. If the certificate is in a foreign language, a translation of the certificate unust be submitted)	nenticated by the of A photocopy is not der oath of the transport of the t	nslato

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	ciallies, LLC	
lf unavailabl	ole, the alternate to be used in the state of Florida is:	
2. The name	te and the Florida street address of the registered agent and office are:	•
	Corporate Creations Network, Inc.	
	(Nane)	
	11380 Prosperity Farms Road #221E	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Palm Beach Gardens 33410	: *****
	City/State/Zip	
	n named as registered agent and to accept service of process for the above stated limited appays at the place designated in this certificate, I hereby accept the appointment as paying and agree to act in this capacity. I finither agree to comply with the provisions of all uniforms of my position as registered agent as provided for in Chapter 605, Flavida &	
	Corporate Creations Network, Inc. Kallian A. A. By Kathleen A. Lange, Special Secretary (Agusture)	

\$ 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 MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Lockton Specialties, LLC LC001419651

was created under the laws of this State on the 23rd day of September, 2014, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 1st day of October, 2014.

Secretary of State

Certification Number: CERT-10012014-0071

