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(Address)

(City/State/Zip/Phone #)

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NOV 24 2014  
J. BRUCE



November 11, 2014

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

To Whom It May Concern:

Attached is our Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Please reach out with any questions/concerns. Also included is a check for \$125.00 for the Application Fee and Designation of Registered Agent.

Thanks for your prompt attention,

A handwritten signature in black ink, appearing to read 'Ashley Molony', with a long horizontal flourish extending to the right.

Ashley Molony  
Administration Operations Manager  
832.385.1356 Cell  
a.molony@nomadinsservices.com

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Nomad Insurance Services, 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:

**Ashley Molony**

Name of Person

**Nomad Insurance Services, LLC**

Firm/Company

**11625 Custer Rd Ste 110 #264**

Address

**Frisco, TX 75035**

City/State and Zip Code

**a.molony@nomadinsservices.com**

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

For further information concerning this matter, please call:

**Ashley Molony**

Name of Contact Person

**832**

Area Code

**385-1356**

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

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**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. **Nomad Insurance Services, 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. **Texas**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **47-1297491**

(FEI number, if applicable)

4. \_\_\_\_\_

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

5. **11625 Custer Rd Ste 110 #264**

**Frisco, TX 75035**

(Street Address of Principal Office)

6. **11625 Custer Rd Ste 110 #264**

**Frisco, TX 75035**

(Mailing Address)

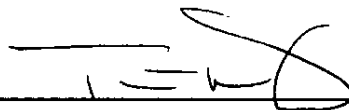
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7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Timothy Molony (President, Manager) - 11625 Custer Rd Ste 110 #264 Frisco, TX 75035**

**Kristof Harris (Member) - 209 Turtlewood League City, TX 77573**

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.)

**Timothy Molony**

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:

**Nomad Insurance 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:

**Brian DeCicco**

(Name)

**11615 Summer Haven Blvd N**

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

**Jacksonville**

**FL 32258**

(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)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Nandita Berry  
Secretary of State

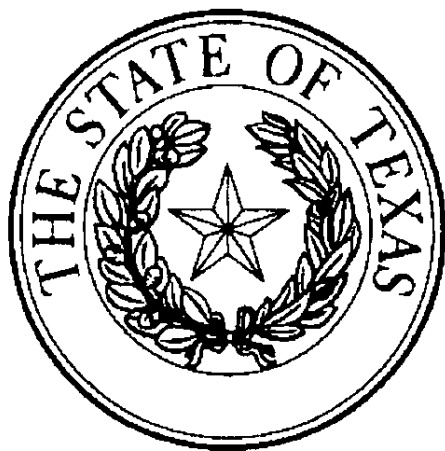
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Nomad Insurance Services, LLC (file number 802026367), a Domestic Limited Liability Company (LLC), was filed in this office on July 09, 2014.

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 November 13, 2014.



*NANDITA BERRY*

Nandita Berry  
Secretary of State