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(Re	equestor's Name)	<del></del>
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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Finest Service Organization 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:
Gail Miller, Paralegal
Name of Person
c/o AmTrust North America, Inc.
Firm/Company
800 Superior Ave. E., 21st floor
Address
Cleveland, Ohio 44114
City/State and Zip Code
regulatorycompliance@amtrustgroup.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gail Miller 216 643-8664
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:    \$\Boxed{1}\$ \$125.00 \text{ Filing Fee}  \Boxed{1}\$ \$130.00 \text{ Filing Fee & } \Quad \Boxed{1}\$ \$155.00 \text{ Filing Fee & } \Quad \Boxed{1}\$ \$160.00 \text{ Filing Fee, Certificate } \text{ Certified Copy } \text{ of Status & Certified Copy } \end{align*}

## 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. The Finest Service Organization LLC (Name of Foreign Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting Liability Company," "L.L.C.," or "LLC.")	business in Florida. The alternate name must include "Limited
	1758270
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
<sub>4.</sub> Upon qualification	
(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)
<sub>5.</sub> 59 Maiden Lane, 43rd Floor	2 2
New York, New York 10038	The P
(Street Address of Princip	pal Office)
<sub>6.</sub> 800 Superior Ave. E., 21st Floor	<u> </u>
Cleveland, OH 44114	
(Mailing Address	:)
7. The name, title or capacity and address of the person(s) w	ho has/have authority to manage is/are:
AMT Warranty Corp., (AMBR), 59 Maiden Lane,	43rd Floor, New York, NY 10038
Shandon LLC, (AMBR), 3790 N. Dumbarton S	St. Arlington, VA 22207
8. Attached is an original certificate of existence, no more tha having custody of records in the jurisdiction under the law of acceptable. If the certificate is in a foreign language, a translatemust be submitted)	which it is organized. (A photocopy is not
Squeil	
Signature of an author (In accordance with section 605.0203, F.S., the execution of this document constitutes an af am aware that any false information submitted in a document to the Department of State con	firmation under the penalties of perjury that the facts stated herein are true
Janie V. Clark	

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.

If unavailab	le, the alternate to be used in t	he state of Florida is:	
2. The nam	e and the Florida street addres	es of the registered agent and office are:	
	Corporation Se	ervice Company	
	Production of the control of the con	(Name)	- -
	1201 Hays Str	eet	
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	<del>-</del> होत्र न्दर्
	Tallahassee	FL 32301	
		City/State/Zip	

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

Harry B. Davis
Asst. Vice President

Statutes.

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "THE FINEST SERVICE ORGANIZATION

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 ELEVENTH DAY OF

SEPTEMBER, A.D. 2014.

5586401 8300

141167652

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1690980

DATE: 09-11-14

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