

M14000008926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

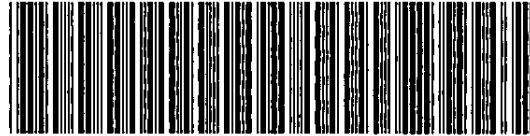
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 DEC 10 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. NOV 17 2014



Insurance Compliance Center

November 7, 2014

Commercial Recording Division
Connecticut Secretary of State
30 Trinity Street
Hartford, CT 06106

VIA FAX: (860)509-6069

Re: **Application for Foreign Authority; Intrustnet Insurance Services, LLC**

Dear Sir or Madam:

Please find enclosed with this letter what we believe to be a complete and accurate Application for Registration Foreign Limited Liability Company Application on behalf of Intrustnet Insurance Services, LLC along the necessary fees and attachments.

Based on the above, I would like to respectfully request your review of the enclosed materials and if all meets with your approval, the issuance of their Foreign Authority. During your review, should you find you have questions, please feel free to contact us as our company has been retained to represent Intrustnet Insurance Services, LLC in this matter.

I do appreciate your assistance in this matter and look forward to your response.

Respectfully,

Alison Klein
Insurance Licensing Specialist
Insurance Compliance Center, Inc.
Alison@inscomply.com

AGK: sm
Enclosure



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2014

ALISON KLEIN
INSURANCE COMPLIANCE CENTER, INC
1 DIAMOND CAUSEWAY, SUITE 21265
SAVANNAH, GA 31406

SUBJECT: INTRUSTNET INSURANCE SERVICES, LLC
Ref. Number: W14000069115

We have received your document for INTRUSTNET INSURANCE SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 314A00024352

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Intrustnet 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:

Alison Klein

Name of Person

Insurance Compliance Center, Inc.

Firm/Company

1 Diamond Causeway, Suite 21265

Address

Savannah, GA 31406

City/State and Zip Code

alison@inscomply.com

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

For further information concerning this matter, please call:

Alison Klein

Name of Contact Person

at (**912**)

Area Code

353-7013

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. **Intrustnet 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. **Delaware** 3. **47-2194768**
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

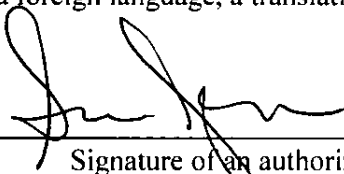
5. **7 Whippoorwill Road**
Armonk, NY 10504
(Street Address of Principal Office)

6. **7 Whippoorwill Road**
Armonk, NY 10504
(Mailing Address)

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

Samuel J. Jensen, Manager, 7 Whippoorwill Road, Armonk, NY 10504

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.)

Samuel J. Jensen

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE

**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:

Intrustnet 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:

National Corporate Research, Ltd., Inc.

(Name)

155 Office Plaza Drive

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

Tallahassee

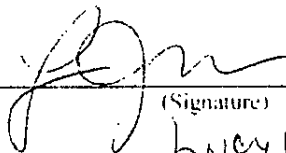
FL

32301

City/State/Zip

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SECRETARY 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)

Lucy Rose, Assistant Secretary

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTRUSTNET INSURANCE SERVICES, 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-FOURTH DAY OF NOVEMBER, A.D. 2014.

5628324 8300

141447012

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1895257

DATE: 11-24-14