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NAME:

SPECIALTY ADMINISTRATION SERVICES LLC

TYPE OF FILING: APPLICATION

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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJ	ect.	SPECIALTY AD	MINISTRATION SEF	RVICES LLC			
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			ility Company for Authorization				
Please	return all correspo	ondence concerning this mat	tter to the following:				
		Ce	olleen McMaho	n			
			Name of Person				
		National C	orporate Rese	arch, Ltd.			
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Por fu	rther information o	concerning this matter, pleas	sé call:		E 10.15	0: 15	1,31,35
		Colleen McMahon	at ( 800 )	483-1140			
	17 - Co	Name of Contact Person	Area Ciule	Daytime Telephone Number	Γ		
	MAILING AD Division of Cor Registration Se P.U. Box 6327 Tallahassee, FL	purations ction	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	÷			
Enelo		for the following amoung Fee 5130,00 Filing Certificate of	g Fee &\$155.00 Filing T	Fee & 5160.00 Filing Fe of Status & Certi			

## 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	SPECIALTY A	DMINISTRATION S	SERVICES LLC	
	(Name of Foreign Limited Liability Comp	omy; must include "Limited Li	ability Company," "L.L.C.," or "LLC.")	
(M name un Liability Co	available, enter alternate name adopted for tompony," "L.L.C," or "LL.C.")	he purpose of transacting busin	ess in Florida. The alternate name must include	"Limited
2.	Nevada	3	47-346839	
(Jurisdict	ion under the law of which foreign limited y is organized)	lability	47-346839 (FEI number, if applicable)	
4		May 1, 2015		
***	(Date first transat (See sections 605,09	ned business in Florida, if prior 104 & 605.0905, F.S. to determ	to registration.) ine penalty (inbility)	<del></del>
5	1524	Bloomingdale Av	renue	
		Valrico, FL 33596		
		(Street Address of Principal O	ffice)	200
6	1524	Bloomingdale A	/enue :	27
		Valrico, FL 33596	2005 1005	70 mm
		(Mailing Address)	re re	· · ·
7. The 1	name, title or capacity and addres	s of the person(s) who i	has/have authority to manage is/arc	
	Jeff Dobish, President - 1	524 Bloomingdale	Ave., Valrico, FL 33596	To take a
			•	<del></del>
		or All Piper up to Management and Committee to American Committee		
& Attack	red is an ariginal partitionta of av	istance no more than O	0 days old, duly authenticated by the	
			ich it is organized. (A photocopy is r	
			of the certificate under oath of the t	
	submitted)			
	المعالمة الم			
(In accordan	ce with section 605,0203, F.S., the exception of t	gnature of an authorize his document constitutes an affirm to the Department of State constitu	Q PETSON nilon under the penalties of penjury that the facts state ites a third degree felony as provided for in s.817.155.	I berein are true 1 F.S. I
	JEM	Dobish		
	Тур	ed or printed name of s	ignee	

#### 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:		
	SPECIALTY ADMINISTRATION SERVICES LL	,

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:	-4
National Corporate Research, Ltd., Inc.	2015 APR
155 Office Plaza Drive	3 7
Florida Street Address (P.O. Box NOT ACCEPTABLE)	AM D
Tallahassee 🖫 32301	The second

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.

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

# SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SPECIALTY ADMINISTRATION SERVICES LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 13, 2015, and is in good standing in this state.

A SVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 17, 2015.

Bolling K. Cegevske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150417-0236
You may verify this electronic certificate
online at http://www.nvsos.gov/