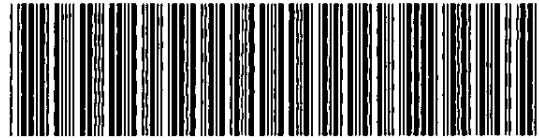


# M15000004081



500272966855

05/20/15--01004--025 \*\*160.00

05/26/15--01011--008 \*\*1332.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W15-36046 PENALTY

Office Use Only

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 20 PM 2:02

FOR MORE INFO  
GO TO  
10.809001.EDU  
SUFFICIENCY OF FILINGS

FILED

2015 MAY 20 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY 26 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2015

WOLTERS KLUWER CORPORATE LEGAL SER

SUBJECT: SECRISK, LLC  
Ref. Number: W15000036046

We have received your document for SECRISK, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1332.50.

There is a balance due of \$1332.50.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 015A00010741

RECEIVED

22 PM 4:32

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 5/20

**Secrisk, LLC**

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 5/20

Nonprofit  
 Domestic Corporation

Limited Partnership  
 **LLC  
Formation**

**Certified Copy  
Formation**

Walk In  
 Mail Out

Amendment  
 Dissolution/Withdrawal  
 Reinstatement  
 Annual Report

Name Registration  
 Fictitious Name

Photocopies

Will Wait

Merger

Mark

Other

**CUS**

After 4:30

Pick Up

Name \_\_\_\_\_

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

5/20/2015

**KM**

Order#

**9556773**

Ref#:

Amount: \$

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SECRISK, 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:

Antelmo Terrades

Name of Person

Secrisk, LLC

Firm/Company

12930 S.W. 128 Street, Suite 104

Address

Miami, FL 33176

City/State and Zip Code

aterrades@secrisk.com

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

For further information concerning this matter, please call:

Cristina H. Villar

Name of Contact Person

at ( 305 )

Area Code

670-1101

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 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. SECRISK, 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

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

3. 26-2126737

(FEI number, if applicable)

4. 3-07-2008

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

5. 12930 S.W. 128 Street, Suite 104

Miami, Fl. 33176

(Street Address of Principal Office)

6. 12930 S.W. 128 Street, Suite 104

Miami, Fl. 33176

(Mailing Address)

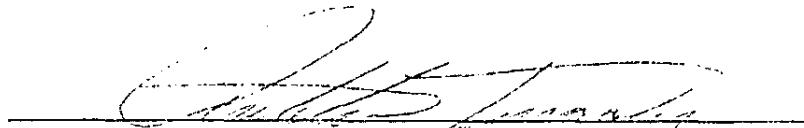
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Antelmo Terrades, Member, 12930 S.W. 128<sup>th</sup> Street

Suite 104 Miami, FL 33176

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2015 MAY 20 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.)

Antelmo Terrades

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:

**SECRISK, 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:

**C T Corporation System**

(Name)

**1200 South Pine Island Road**

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

**Plantation**

**33324**

**FL**

City/State/Zip

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**2015 MAY 20 AM 10:32**  
**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.*

**Angel Nunez**  
**Assistant Secretary**

  
(Signature)

\$ 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 "SECRISK, 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 SEVENTEENTH DAY OF APRIL, A.D. 2015.

FILED  
2015 MAY 20 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4515096 8300

150525641



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2300249

DATE: 04-17-15