

M15000004099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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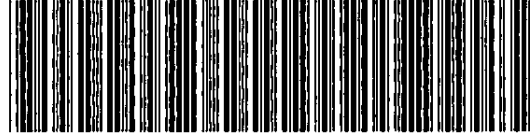
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION-
15 MAY 22 PM 2:30
TALLAHASSEE FLORIDA

MAY 22 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Neon 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:

G. Michael McCullars

Name of Person

Neon Insurance Services

Firm/Company

431 Broad Street

Address

Gadsden, AL 35901

City/State and Zip Code

mmccullars@taxbreakcredits.com

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

For further information concerning this matter, please call:

Mike McCullars

Name of Contact Person

at **256** **399-0218**

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:

☐ \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 22 PM 2:30
TALLAHASSEE, FLORIDA

**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. **Neon 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. **Alabama**

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

3. _____

(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. **2300 W 84th Street, Suite 601**

Hialeah, FL 33016

(Street Address of Principal Office)

6. **431 Broad Street**

Gadsden, AL 35901

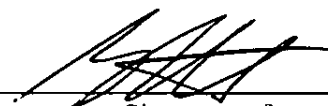
(Mailing Address)

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

G. Michael McCullars Member 431 Broad Street Gadsden, AL 35901

Andres E. Blanco Director 2300 W 84th Street Suite 601, Hialeah, FL 33016

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.)

G. Michael McCullars

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAR 2 PM 2:30
TALLAHASSEE, FLORIDA

**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:

Neon 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:

Shannon Scott

(Name)

2300 W 84th Street Suite 601

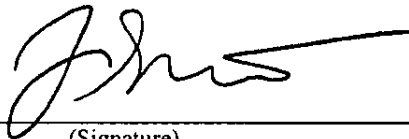
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Hialeah

FL 33016

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 22 PM 2:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JOHN H. MERRILL
SECRETARY OF STATE

ALABAMA STATE CAPITOL
MONTGOMERY, AL 36130

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, *Code of Alabama 1975*, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Neon Insurance Services, LLC

This name reservation is for the exclusive use of ANDREW BOULTER, 420 20TH ST N STE 2000, BIRMINGHAM, AL 35203 for a period of one year beginning April 8, 2015 and expiring April 8, 2016.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

Date April 8, 2015

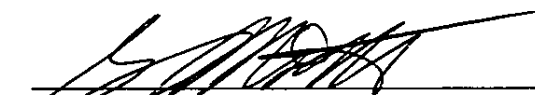
John H. Merrill Secretary of State

RES150152

CERTIFICATE OF FORMATION
OF
NEON INSURANCE SERVICES, LLC

1. The name of the limited liability company is Neon Insurance Services, LLC (the "Company").
2. The period of the Company's duration is perpetual.
3. The purpose for which the Company is organized is the transaction of any or all lawful business for which a limited liability company may be organized under the Alabama Limited Liability Company Law, including, but not limited to, the business of brokering insurance services and contracts.
4. The location and mailing address of the initial registered office of the Company is 431 Broad Street, Gadsden, Alabama 35901, and the name of the registered agent for the Company at that address is Michael McCullars.
5. There is at least one member of the Company.
6. The name and mailing address of the organizer of the Company are Michael McCullars and 431 Broad Street, Gadsden, Alabama 35901, respectively.

This Certificate of Formation has been executed as of the 7th day of April, 2015, by the undersigned who affirms that the statements made herein are true under penalties of perjury.



Michael McCullars, Organizer

State of Alabama, Etowah County
I certify this instrument was filed
and fees collected on:

2015 May - 4 2:55PM

Instrument Number 3417184		Pages 2
-----CORPORATION-----		
CERTIFICA	3.00	SCAN FEE 5.00
MENTAL HE	2.00	CHARTER/J 50.00
PROBATE J	3.00	
Total Fees	63.00	
Bobby Jenkins, Judge of Probate		

M Leitman, Siegal & Payne
420 20th N.
B'ham AL 35203