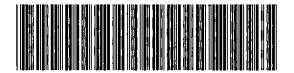
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SECRETARY OF STATE

COVER LETTER

Division of Corp			
SUBJECT: Trans		nce Professionals, LLC	
	Name o	of Limited Liability Company	
The enclosed "Application Existence, and check are s	n by Foreign Limited Liabilit ubmitted to register the abov	lity Company for Authorization to Transact Business in Florida," Certifi ove referenced foreign limited liability company to transact business in l	icate of Florida
Please return all correspor	ndence concerning this matte	ter to the following:	
Jo	hn V. Robinson, E	Esq. Name of Person	
		Name of Person	
Jo	hn V. Robinson, P	P.C. Firm/Company	
		гити/Company	
71	02 Three Chopt Ro	oad	
		Address	
D-f	chmond Windinia	22224	
	chmond, Virginia	23226 City/State and Zip Code	
<u> 1isa</u>	.giosa@theinspros	S • C OM to be used for future annual report notification)	
	ncerning this matter, please of		
<u>Linda Mic</u>	halik, Legal Assi Name of Contact Person	istant at (804) 288-1801 Area Code Daytime Telephone Number	
MAILING ADD Division of Corpo Registration Sect	orations I	STREET ADDRESS: Division of Corporations Registration Section	
P.O. Box 6327	(Clifton Building	
Tallahassee, FL 3		2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for	or the following amount:	ıt:	
□ \$125.00 Filing		Fee & \$\Bigsigs \$155.00 Filing Fee & \$\Bigsigs \$160.00 Filing Fee, Certificat	te

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	Transportation Insurance Professionals, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited lity Company," "L.L.C," or "LLC.")	
2. (Jui ∞	Delaware risdiction under the law of which foreign limited liability ompany is organized) 3. 47-2357937 (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)	9915
5	9343 E. Bahia Drive	曼 2
_	Scottsdale, AZ 85260 (Street Address of Principal Office)	a i
6	9343 E. Bahia Drive	PH 12: 5
_	Scottsdale, AZ 85260 (Mailing Address)	30
7 . T	The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Rob	pert G. Lull, Manager , 44 Denise Drive, Kinnelon, NJ 07405	
Mic	chael M. Chernek, Manager, 9343 E. Bahia Drive, Scottsdale, AZ 8	5260
Sha	nne E. Powell, Manager, 9343 E. Bahia Drive, Scottsdale, AZ 8526	0
havin accep must	ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official and custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not eptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translated to be submitted) Signature of an authorized person condance 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 are 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.)	or
	Michael M. Chernek	

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:	
Transportation Insurance Professionals, 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:	283
John D. Hatch, Esq. (Name)	11 28 11 28
1267 Berkshire Lane, Suite 200 Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH D: 31
Tarpon Springs FL 34688 City/State/Zip	Dm 0

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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRANSPORTATION INSURANCE
PROFESSIONALS, 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 SEVENTH DAY OF
APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID
"TRANSPORTATION INSURANCE PROFESSIONALS, LLC" WAS FORMED ON THE
THIRTEENTH DAY OF NOVEMBER, A.D. 2014.

5639190 8300

150478174

DATE: 04-07-15

AUTHENTYCATION: 2269852

Jeffrey W. Bullock, Secretary of State

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