

MIS000004223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

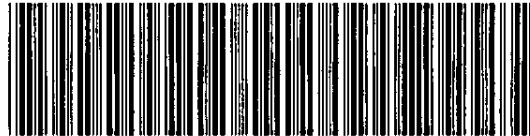
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/15--01008--006 **25.00

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2015 AUG 28 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan AUG 31 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Transportation Insurance Professionals, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Giosa

Name of Person

Transportation Insurance Professionals, LLC

Firm/Company

9343 E. Bahia Drive

Address

Scottsdale, AZ 85260

City/State and Zip Code

lisa.giosa@theinspros.com

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

For further information concerning this matter, please call:

Lisa Giosa

Name of Person

at (480) 905-5104

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Transportation Insurance Professionals, LLC

2. The Florida document number of this limited liability company is: M15000004223

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 5/28/15

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

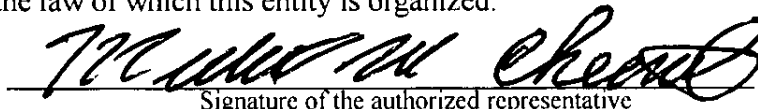
N/A

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TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Gary S. Maier</u>	<u>One International Boulevard, Suite 300 Mahwah, NJ 07495</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Manager</u>	<u>Jay Bergstein</u>	<u>One International Boulevard, Suite 300 Mahwah, NJ 07495</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Manager</u>	<u>Constance Powell</u>	<u>9343 E. Bahia Drive Scottsdale, AZ 85260</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Manager</u>	<u>Carl A. Gerson</u>	<u>One International Boulevard, Suite 300 Mahwah, NJ 07495</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Member</u>	<u>All Trans Risk Solutions LLC</u>	<u>One International Boulevard, Suite 300 Mahwah, NJ 07495</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Michael M. Chernek, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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Additional Members/Managers

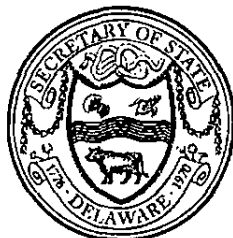
Member	The Insurance Professionals, Inc.	X	Add
	9343 E. Bahia Drive		
	Scottsdale, AZ 85260		

Delaware

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The First State

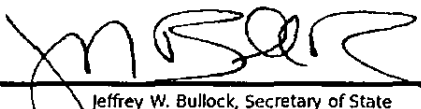
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSPORTATION INSURANCE PROFESSIONALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JULY, A.D. 2015.



5639190 8300

150992759

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2520554

DATE: 07-01-15