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COVER LETTER

sion of Corporations	
OneMain Assurance Services,	LLC
	Name of Limited Liability Company
	ed Liability Company for Authorization to Transact Business in Florida," Certificate of er the above referenced foreign limited liability company to transact business in Florida.
all correspondence concerning	this matter to the following:
Janis E. Brandy	
	Name of Person
OneMain Assurance Service	ces, LLC
	Firm/Company
3001 Meacham Blvd., Suit	
	Address
Fort Worth, Texas 76137	
	City/State and Zip Code
janis.e.brandy@citi.com	
	address: (to be used for future annual report notification)
ormation concerning this matte	er, please can.
s e. Brandy	at (817) 348-5301
Name of Contact Po	erson Area Code Daytime Telephone Number
LING ADDRESS:	STREET ADDRESS:
	Division of Corporations Registration Section
	Clifton Building
	2661 Executive Center Circle
	Tallahassee, FL 32301
a check for the following	amount:
25.00 Filing Fee	00 Filing Fee & Status
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(0)10	
	"Application by Foreign Limit I check are submitted to register all correspondence concerning Janis E. Brandy OneMain Assurance Service 3001 Meacham Blvd., Suite Fort Worth, Texas 76137 janis.e.brandy@citi.com E-mail Formation concerning this matter is e. Brandy Name of Contact Policy LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314 a check for the following 25.00 Filing Fee \$\Bigsim \$130.00\$

TO:

Registration Section

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. OneMain Assurance 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 trans Liability Company," "L.L.C," or "LLC,")	sacting business in Florida. The alternate name must include "Limited
2. Texas 3.	27-5132462
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. Haven't transacted	
(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)
5. 3001 Meacham Blvd., Suite 100	
Fort Worth, Texas 76137	5 5
(Street Address of	Principal Office)
6. 3001 Meacham Blvd., Suite 100	
Fort Worth, Texas 76137	
(Mailing	Address)
7. The name, title or capacity and address of the person Dava S. Carson - Manager/President - 3001 Meacham Blvd., Suite	•
Gregg H. Lehman - Manager/Secretary - 3001 Meacham Blvd., Su	ite 100 Fort Worth, TX 76137
Paula D. Larkin - Manager/Treasurer - 3001 Meacham Blvd., Suite	e 100 Fort Worth, TX 76137
	aw of which it is organized. (A photocopy is not ranslation of the certificate under oath of the translator authorized person tes an affirmation under the penalties of perjury that the facts stated herein are true.
Gregg H. Lehman	data
Typed or printed n	ame 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	ne Limited Liability Compa	any is:	
OneMain Assurance	Services, LLC		
If unavailable, the	alternate to be used in the	state of Florida is:	
2. The name and	the Florida street address o	of the registered agent and office are	:
(CT Corporation System		जै ज
_		(Name)	
1	200 South Pine Island Road		5
-	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	
1	lantation	FI_33324	
		City/State/Zip	To the
liability company registered agent a statutes relating to	at the place designated in th nd agree to act in this capa o the proper and complete p	o accept service of process for the ab his certificate, I hereby accept the ap city. I further agree to comply with t performance of my duties, and I am fo tered agent as provided for in Chapta	pointment as the provisions of all amiliar with and
Ву	C T Corporation System :	nure) M. E. Jones, Asst. S	ec'y.
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for OneMain Assurance Services, LLC (file number 802184336), a Domestic Limited Liability Company (LLC), was filed in this office on March 25, 2015.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 09, 2015.



Carlos Cascos Secretary of State