

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Emmil Address:

Foreign Limited Liability Company TEAM RISK MANAGEMENT STRATEGIES, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Team Risk Management Strategies, 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:
Denise Bryant
Name of Person
Team Risk Management Strategies, LLC
Firm/Company
8530 La Mesa Blvd., Suite 200
Address
La Mesa, CA 91942
City/State and Zip Code
denise.bryant@rmstrategy.com
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denise Bryant at (619) 419-2270
Name of Contact Person Arca 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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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. Team Risk Management Strategies ,LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Comp	pany," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid Liability Company," "L.L.C," or "LLC.")	ia. The aliernate name must include "Limited
2. California 3. 68-0535627	
(Jurisdiction under the law of which foreign limited liability (PEI company is organized)	number, if applicable)
4. upon qualification	
(Date first transacted business in Florida, if prior to registrati (See sections 605.0904 & 605.0905, F.S. to determine penalty i	on.) lability)
5. 8530 La Mesa Bivd., Suite 200	
La Mesa, CA 91942	
(Street Address of Principal Office)	
6. 8530 La Mesa Blvd., Suite 200	
La Mesa, CA 91942	
(Mailing Address)	-
7. The name, title or capacity and address of the person(s) who has/have a	authority to manage is/are:
Tashua Casanhan Masania Manka	•
Joshua Greenberg, Managing Member	
8530 La Mesa Blvd., Suite 200	
La Mesa, CA 91942	
8. Attached is an original certificate of existence, no more than 90 days old having custody of records in the jurisdiction under the law of which it is or acceptable. If the certificate is in a foreign language, a translation of the certificate 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	ganized. (A photocopy is not rtificate under oath of the translator
am aware that any false information submitted in a document to the Department of State constitutes a third deg	A COLUMN TO THE PARTY OF THE PA
Joshua Greenberg	4
Typed or printed name of signee	
	real control of the second of

1. The name of the Limited Liability Company is:

If unavailable, the alternate to be used in the state of Florida is:

Team Risk Management Strategies, LLC

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.

	C T Corporation System		
		(Name)	
	1200 South Pine Island Road		
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
	Plantation	թլ 33324	
		City/State/Zip	 .
ability co gistered	ompany at the place designated in agent and agree to act in this ca	d to accept service of process for the this certificate, I hereby accept the c pacity. I further agree to comply with	appointment as h the provisions of all
ability co gistered atutes re	ompany at the place designated in agent and agree to act in this ca lating to the proper and complete	d to accept service of process for the this certificate, I hereby accept the c	appointment as h the provisions of all familiar with and
ability co gistered atutes re scept the	ompany at the place designated in agent and agree to act in this callating to the proper and complete obligations of my position as reg	d to accept service of process for the athis certificate, I hereby accept the coacity. I further agree to comply with a performance of my duties, and I am istered agent as provided for in Chap	appointment as h the provisions of all familiar with and
ability co gistered atutes re ecept the	ompany at the place designated in agent and agree to act in this callating to the proper and complete obligations of my position as reg	d to accept service of process for the this certificate, I hereby accept the c pacity. I further agree to comply with performance of my duties, and I am	appointment as h the provisions of all familiar with and pter 605, Florida
ability co gistered atutes re ecept the	ompany at the place designated in agent and agree to act in this callating to the proper and complete obligations of my position as reg	d to accept service of process for the this certificate, I hereby accept the coacity. I further agree to comply with a performance of my duties, and I ambistered agent as provided for in Chapman Micole Chouinard,	appointment as the provisions of all familiar with and pter 605, Florida Asst. Sectetary
ability co gistered atutes re scept the	ompany at the place designated in agent and agree to act in this callating to the proper and complete obligations of my position as reg	d to accept service of process for the a this certificate, I hereby accept the coacity. I further agree to comply with a performance of my duties, and I amplistered agent as provided for in Chapmanure) Nicole Chouinard, Filing Fee for Application Designation of Registered Agen	appointment as the the provisions of all familiar with and pter 605, Florida Asst. Sectetary

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: TEAM RISK MANAGEMENT STRATEGIES, LLC

FILE NUMBER: FORMATION DATE: 201505810085

02/27/2015

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

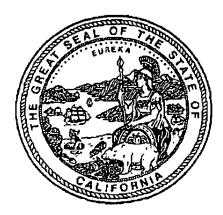
STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seat of the State of California this day of July 30, 2015.

> **ALEX PADILLA** Secretary of State