

MIS 000006438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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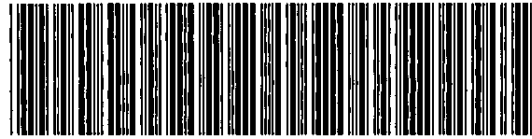
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/15--01017--009 **155.00

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15 APR 27 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2015
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2015

LINDA JENKINS
PO BOX 9546
PORTLAND, ME 04112-9546

SUBJECT: SERVICE INSURE, LLC
Ref. Number: W15000031275

We have received your document for SERVICE INSURE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00009110

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 08-14-15

*Retain original
file date*

NAME: SERVICE INSURE, LLC

TYPE OF FILING: FOREIGN LIMITED LIABILITY COMPANY

COST: 155.00

RECEIVED
DEPARTMENT OF
15 AUG 14 PM 4:48
TO RECORDS
SUFFICIENT / OF FILING

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: *Check attached*

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Service Insure, 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:

Linda S Jenkins

Name of Person

PretiFlaherty

Firm/Company

PO Box 9546

Address

Portland, ME 04112-9546

City/State and Zip Code

ljenkins@preti.com

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

For further information concerning this matter, please call:

Linda S. Jenkins

Name of Contact Person

at (207) 791-3122

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

**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. Service Insure, 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. New Hampshire

(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. 3003 Lafayette Road

Portsmouth, NH 03801

(Street Address of Principal Office)

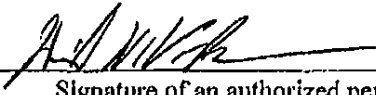
6. SAME

(Mailing Address)

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

SEE ATTACHED LIST

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.)

David Van Rossum

Typed or printed name of signer

15 APR 27 AM 10:58
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 04-27-2015 BY 60322

**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:

Service Insure, 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:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

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

Plantation

FL 33324

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

By: William L. DeNapoli, Assistant Secretary
(Signature)
William L. DeNapoli

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Service Insure, LLC - Managers

Report Date: 8/14/2015

| Name | Type | Address 1 |
|-------------------|---------|--|
| Gordon A. Simmons | Manager | c/o Service Insure, LLC 3003 Lafayette Road Portsmouth, NH 03801 |
| Joanne Whiting | Manager | c/o Service Insure, LLC 3003 Lafayette Road Portsmouth, NH 03801 |
| Bill Newman | Manager | c/o Service Insure, LLC 3003 Lafayette Road Portsmouth, NH 03801 |
| Andrew McGeorge | Manager | c/o Service Insure, LLC 3003 Lafayette Road Portsmouth, ME 03801 |
| Patrick Hannigan | Manager | c/o Service Insure, LLC 3003 Lafayette Road Portsmouth, NH 03801 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

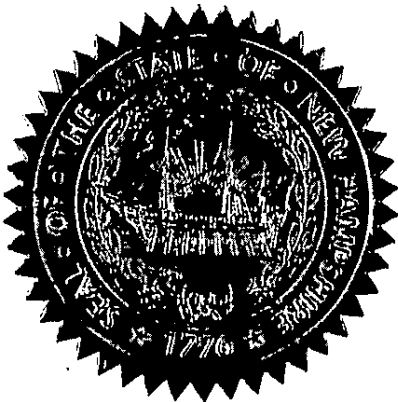
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Service Insure, LLC is a New Hampshire limited liability company filed on December 8, 2014. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law; and that a certificate of cancellation has not been filed.

FILED
15 APR 27 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 6th day of April, A.D. 2015

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State