

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383 **TDP**

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**Foreign Limited Liability Company
Haven Life Insurance Agency, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	3
Estimated Charge	\$130.00

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15 AUG 31 AM 11:37

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PAGE 02/05

8/31/2015 9:25:20 AM PAGE 1/001 Fax Server



August 31, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations
CORPORATE CREATIONS INTERNATIONAL AGENCY, LLC

SUBJECT: HAVEN LIFE INSURANCE AGENCY, LLC
REF: W15000057710

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000208410
Letter Number: 315A00018311

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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.
- Haven Life Insurance Agency, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name is 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 member adopting the alternate name. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

- 2.
- Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI Number if applicable)

- 4.
- March 11, 2013

(Date of Organization)

- 5.
- perpetual

(Duration: Year Limited Liability Company will cease to exist or "perpetual")

- 6.
- upon filing of this application

(Date first transacted business in Florida, if prior to registration.)

- 7.
- 205 East 42nd Street, 20th Floor

New York, NY 10017

(Principal Office Address)

205 East 42nd Street, 20th Floor

New York, NY 10017

(Mailing Address)

8. If limited liability company is manager-managed company, click here
- ☒

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

Elizabeth Ward Chicares, Manager 1295 State Street, Springfield, MA 01111-0001

Gareth Ross, Manager 1295 State Street, Springfield, MA 01111-0001

Michael Rollings, Manager 1295 State Street, Springfield, MA 01111-0001

Yaron Ben-zvi, Manager 205 East 42nd Street, 20th Floor, New York, NY 10017

10. 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 a member or an authorized representative of a member.
(in accordance with section 605.0203(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true)

H15000208410

by Tim Pratts as Attorney-in-Fact

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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**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:

Haven Life Insurance Agency, 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:

Corporate Creations Network Inc.

(Name)

11380 Prosperity Farms Road #221E

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

Palm Beach Gardens

FL

33410

City/State/Zip

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.

Corporate Creations Network Inc.

(Signature)

Tim Pratts, Special Secretary

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAVEN LIFE INSURANCE AGENCY, 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 FOURTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAVEN LIFE INSURANCE AGENCY, LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5300891 8300

151131105

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2614858

DATE: 08-04-15