



# **Allarin Professional Group LLC**

**1 Seneca St Suite 2820b  
Buffalo, NY 14203**

State of Florida  
FL Reg Section Division of Corporations  
2661 Executive Center Circle Clifton Building  
Tallahassee, FL 32301

**RE: Allarin Professional Group LLC**

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Yajahira Muniz  
Allarin Professional Group LLC  
1 Seneca St Suite 2820b  
Buffalo, NY 14203

If you have any questions regarding this application, please contact:

Yajahira Muniz  
Allarin Professional Group LLC  
Phone: (855) 820-7144  
Fax: (844) 817-2929  
Email: [ymuniz@allarinpg.com](mailto:ymuniz@allarinpg.com)

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Allarin Professional Group 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:

Yajahira Muniz

\_\_\_\_\_  
Name of Person

Allarin Professional Group LLC

\_\_\_\_\_  
Firm/Company

1 Seneca St Suite 2820b

\_\_\_\_\_  
Address

Buffalo, NY 14203

\_\_\_\_\_  
City/State and Zip Code

ymunizallarinpg.com

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

For further information concerning this matter, please call:

Angela Butera

\_\_\_\_\_  
Name of Contact Person

at ( 952 )

\_\_\_\_\_  
Area Code

259-4236

\_\_\_\_\_  
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 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. Allarin Professional Group 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 York (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-4265062 (FEI number, if applicable)

4. Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1 Seneca St Suite 2820b, Buffalo, NY 14203 (Street Address of Principal Office)

6. Same (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

FILED 2015 NOV 30 PM 3:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Registered agent's acceptance: 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 application, 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.

By: C T Corporation System Michele Miller Assistant Secretary (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Yajahira I Muniz, Managing-Member, 1 Seneca St Suite 2820b, Buffalo, NY 14203

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Angela Butera Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Angela Butera Typed or printed name of signee

**State of New York  
Department of State } ss:**

*I hereby certify, that ALLARIN PROFESSIONAL GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/08/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 17th day of November  
two thousand and fifteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

**Collectors Insurance Agency, Inc.**  
**Power of Attorney**

NOTICE IS HEREBY GIVEN THAT Allarin Professional Group LLC, ("Entity") an entity organized under the laws of New York, does hereby appoint, Angela Butera, Janis St. Martin, Jennifer Cleveland, Lisa M. Eubanks, and while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 17 day of November, 2015.

Yajaira Muniz 11/17/15  
Signature of Authorized Entity Representative  
Yajaira Muniz owner  
Print Name and Title

Sworn to and subscribed before me  
this 17<sup>th</sup> of November, 2015.

Notary Public, State of NY  
Commission Expires: 5/22/19  
Faith J. Lindstedt

**FAITH J. LINDSTEDT**  
**NOTARY PUBLIC, STATE OF NEW YORK**  
**QUALIFIED IN ERIE COUNTY**  
My Commission Expires 5/22/19