M15000010022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

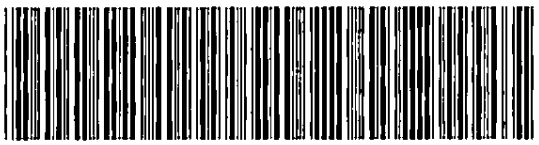
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400368876734

FILED
2021 JUL 12 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL 12 PM 3:45

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 898611 8144206

AUTHORIZATION : [signature]

COST LIMIT : $ 30.00

ORDER DATE : July 9, 2021

ORDER TIME : 3:11 PM

ORDER NO. : 898611-060

CUSTOMER NO: 8144206

FOREIGN FILINGS

NAME: GLOBAL BANKERS INSURANCE GROUP, LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XX___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Bankers Insurance Group, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Casey Smith
Name of Person

Global Bankers Insurance Group, LLC
Firm/Company

2327 Englert Drive
Address

Durham, NC 27713
City/State and Zip Code

casey.smith@globalbankers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Smith at (919) 246-3391
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Global Bankers Insurance Group, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

FILED
2021 JUL 12 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: M15000010022

3. Jurisdiction of its organization: North Carolina

4. Date authorized to do business in Florida: 12/14/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Aspida Financial Services, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____

(If name 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 members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

FILED
2021 JUL 12 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

T- Edwards
_____
Signature of the authorized representative

Tamre Edwards, Chief Legal Officer and Secretary
_____
Typed or printed name of signee

Filing Fee: $25.00

NORTH CAROLINA
Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF RESTATEMENT

OF

ASPIDA FINANCIAL SERVICES, LLC

the original of which was filed in this office on the 8th day of July, 2021.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of July, 2021.

Elaine F. Marshall

Secretary of State

SOSID: 1449974
Date Filed: 7/8/2021 3:59:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2021 189 01993

ARTICLES OF RESTATEMENT OF ASPIDA FINANCIAL SERVICES, LLC

Pursuant to §57D-2-23 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the following for the purpose of restating its Articles of Organization.

1. The name of the limited liability company is Aspida Financial Services, LLC (formerly known as Global Bankers Insurance Group, LLC).

2. The text of the Restated Articles of Organization is attached.

3. These Restated Articles of Organization contain an amendment that was approved by the vote of the sole member of the limited liability company.

4. The name and physical address of the current registered agent and registered agent's office of the limited liability company is:

   Corporation Service Company
   2626 Glenwood Avenue, Suite 550
   Raleigh, North Carolina 27608
   Wake County

5. The mailing address of the limited liability company's principal office is:

   2327 Englert Drive
   Durham, North Carolina 27713
   Durham County

6. These articles will be effective upon filing.

Dated: July 8, 2021.

By: Aspida Holdings, LLC, Member

By: Ryan Myrick
Ryan Myrick
Authorized Person

RESTATED ARTICLES OF ORGANIZATION
OF
ASPIDA FINANCIAL SERVICES, LLC

1. The name of the limited liability is Aspida Financial Services, LLC.

2. The street address and county of the current registered office of the limited liability company is:

   2626 Glenwood Avenue, Suite 550
   Raleigh, North Carolina 27608
   Wake County

3. The name of the current registered agent is Corporation Service Company.

4. The limited liability company has a principal office.

5. The street address and county of the principal office of the limited liability company is:

   2327 Englert Drive
   Durham, North Carolina 27713
   Durham County

6. These articles will be effective upon filing.

Dated: July 8, 2021.

By: Aspida Holdings, LLC, Member

By: Ryan Myrick
Ryan Myrick
Authorized Person