

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company

Transamerica Retirement Insurance Agency, LLC

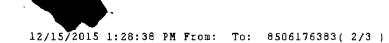
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Electronic Filing Menu Corporate Filing Menu

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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:

, Transamerica Retireme	ent Insurance Agency, LLC			
1.	eign Limited Liability Company; must include "Limited Liab	illity Company," "L.L.C.,"	or "LLC.")	_
(If name unavailable enter al	iternate name adopted for the purpose of transacting business	e in Clarida. The alternate n	ame must include "I	
Liability Company," "L.L.C,"	" or "LLC.")		mo masi momas 2.	-
2. Delaware	3. 46-2720367		<u> </u>	. ~
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	c) .	
4	(Date first transacted business in Florida, if prior to	remis(rution)		
	(See sections 605.0904 & 605.0905, F.S. to determine	penalty liability)		
5. 408 St. Peter St., Suite	230		- .	
St. Paul, MN 55102			<u>.</u>	
400 Gt Date Gt Galact	(Street Address of Principal Office)			
6. 408 St. Peter St., Suite	230		_	
St. Paul, MN 55102				
	(Mailing Address)			
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT accepta	able)		
Name:	C T Corporation System	-		
Office Address:	1200 South Pine Island Road	_		
	Plantation	, Florida 33324		
· · · · · · · · · · · · · · · · · · ·	(City)	(Zip code)	_	
Registered agent's accept Having been named as rej	gistered agent and to accept service of process for the	above stated corporatio	n at the place desi,	gnated
this application. I hereby	accept the appointment as registered agent and agree statutes relative to the proper and complete performa	to act in this capacity.	l further agree to c	comply
the obligations of my posit	tion to societared agent	ice of my warrow, with a		,
В	y: CT Corporation System			
	(Registered agent's signature)			17.7
8. The name, title or capa	city and address of the person(s) who has/have authori	ty to manage is/are:	\$2 \$2 \$2	dellyses (216.16)
•	Peter St., Suite 230, St. Paul, MN 55102 - Manag		FO 79	A. Amerika
Marc Cahn, 440 Mamaron	neck Ave., Harrison, NY 10528 - Manager		S 2	Sarama 1 E
Jay Hewitt, 408 St. Peter St., Suite 230, St. Paul, MN 55102 - Manager				Manage of the last
			<u> </u>	
 Attached is a certificate in indicate. 	of existence, no more than 90 days old, duly authentic of which it is organized. (If the certificate is in a foreig	ated by the official having n language, a translation	3 custody of record of the certificate ur	is in the ader oat
of the translator must be su				
	(Mlanaxi			
	Signature of an authorized person		•	
This document is executed submitted in a document to	in accordance with section 605,0203 (1) (b), Florida S the Department of State constitutes a third degree felo	tatutes. I am aware that a	ny false information	n
	Ayla Nazli			
	Typed or printed name of signee			

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRANSAMERICA RETIREMENT 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 FOURTEENTH DAY OF DECEMBER,

A.D. 2015.

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

15 DEC 15 PM 2: ||
SECRETARY OF STATE

Auth

Authentication: 10614765

Date: 12-14-15

5313882 8300 SR# 20151348742

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