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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
16 APR 18 PM 4:32

APR 19 2016

S. YOUNG



LICENSING PROFESSIONALS

Insurance Compliance Service
P.O. Box 566, Lynden WA 98264
Toll Free: (888) 543-5432
Fax: (360) 933-1991
Email: CMason@licensingpros.com

MEMO

DATE: April 4, 2016

TO: Florida Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

FROM: Chloe Mason

SUBJECT: Application by Foreign Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FL 32314
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Submitted for your approval is the application to register **Total Program Management, LLC**, as a foreign limited liability company with the authority to transact business in your state. Enclosed you will find the following documents:

- Application by Foreign Limited Liability Company
- Certificate of Existence
- Registered Agent Consent
- A check in the amount of \$125.00 payable to:

"Division of Corporations"

If you have any questions or require additional information in order to process this request, please contact me at (888) 543-5432.

Thanks!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Total Program Management, 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:

Chloe Mason

Name of Person

Licensing Professionals

Firm/Company

PO Box 566

Address

Lynden, WA 98264

City/State and Zip Code

klauro@lancerinsurance.com

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 18 PM 4:32

For further information concerning this matter, please call:

Chloe Mason

Name of Contact Person

888

Area Code

543-5432

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. Total Program Management, 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 3. 20-2707992
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 4175 Veterans Memorial Hwy, Suite 306

Ronkonkoma, NY 11779

(Street Address of Principal Office)

6. 370 West Park Ave. PO Box 9004

Long Beach, NY 11561

(Mailing Address)


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

Christopher Foy (President / Secretary / Treasurer) 4175 Veterans Memorial Hwy. Ste. 306 Ronkonkoma, NY 11779

Alisa Rosati (Vice President) 370 West Park Ave. Long Beach, NY 11561

John A. Petrilli (Non-Member Manager) 370 West Park Ave. Long Beach, NY 11561

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.)

John A. Petrilli

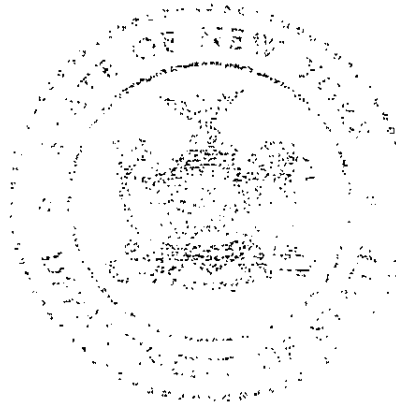
Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that TPM OF LONG ISLAND, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/11/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment TPM OF LONG ISLAND, LLC, changing its name to TOTAL PROGRAM MANAGEMENT, LLC, was filed 12/17/2015.

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 APR 18 PM 4:32



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 22nd day of March two
thousand and sixteen.*

Anthony Giardina

Executive Deputy Secretary of State

**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:

Total Program Management, 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)

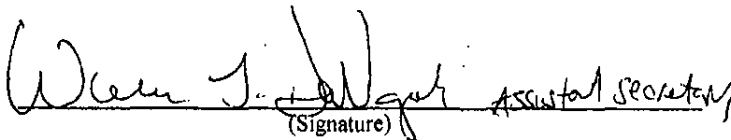
1200 S Pine Island Rd

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

Plantation FL 33324

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.


(Signature) Assistant 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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TALLAHASSEE, FLORIDA
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