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(Business Entity Name)

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16 JUN 20 PM 4:42
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TALLAHASSEE, FLORIDA

JUN 20 2016

Y SULKER

W16-36788



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2016 JUN 20 PM 3:54

SECRETARY OF STATE
FLORIDA

May 20, 2016

JORDAN LAWRENCE
20 COMMERCE DR STE 200
CRANFORD, NJ 07016

SUBJECT: ELEVON AVIATION INSURANCE SERVICES, LLC
Ref. Number: W16000036788

We have received your document for ELEVON AVIATION INSURANCE SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00010761

**-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. Elevon Aviation Insurance Services, 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. GA 3. 30-0922040
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/15/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 40 Technology Pkway South, #300
Norcross, GA 30092
(Street Address of Principal Office)

6. c/o Herbert L. Jamison & Co., LLC 20 Commerce Dr, Ste 200
Cranford, NJ 07016
(Mailing Address)

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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. 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: Charles B. Komeczny
(Registered agent's signature)

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

Please See Attached

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)

[Signature]
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.

Dean Curtis, SR VP

Typed or printed name of signee

16 JUN 20 10 43
TALLAHASSEE
FLORIDA

Elevon Aviation Insurance Services, LLC Officers & Directors

FEIN: 30-0922040

Name	Title	Business Address
Jim W. Henderson	Manager	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas E. Riley	Manager	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Paul Vredenburgh	Manager	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Thomas Hollinger	Managing Director	1669 Fernstone Dr. NW Acworth, GA 30101
Dean J. Curtis	SVP	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Stanley K. Kinnett, II	Chief Corporate Counsel, Asst. Secretary	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746
Lisa Kammerer	VP	25548 Genesee Trail Rd. Golden, CO 80401
AssuredPartners Capital, Inc.	Member- 100% Shareholder	200 Colonial Center Parkway Suite 150 Lake Mary, FL 32746

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STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Elevon Aviation Insurance Services, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 13151771
Date Inc/Auth/Filed : 02/02/2016
Jurisdiction : Georgia
Print Date : 04/28/2016
Form Number : 211



B. P. Kemp

Brian P. Kemp
Secretary of State