

M16000004904

(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



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02/02/17--01010--029 **30.00

FILED
FEB 16 P 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

FEB 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2017

JORDAN LAWRENCE
20 COMMERCE DR, SUITE 200
CRANFORD, NJ 07016

SUBJECT: ELEVON AVIATION INSURANCE SERVICES, LLC
Ref. Number: M16000004904

We have received your document for ELEVON AVIATION INSURANCE SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MUST EITHER INCLUDE A CERTIFIED COPY OF NAME CHANGE AMENDMENT FILED IN HOME STATE OR A CERTIFICATE THAT LISTS BOTH OLD AND NEW NAME

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00002272



February 13, 2017

Division of Corporations
Registrations Section
P.O Box 6327
Tallahassee, FL 32314

RE: AMENDMENT TO CERTIFICATE OF AUTHORITY
STATE OF FLORIDA

Please amend the Application for Authority for Elevon Aviation Insurance Solutions, LLC in the state of Florida. Enclosed are the following:

1. Letter dated 02/03/2017
2. Amended Application for Authority
3. Certificate of Fact from Sec. of State

Please return the approved information to:

Elevon Aviation Insurance Solutions, LLC
c/o Herbert L. Jamison & Co., LLC
20 Commerce Dr. Suite 200
Cranford, NJ 07016
ATTN: Jordan Lawrence

Very truly yours,

Jordan Lawrence
Licensing and Compliance Analyst
Ph 973.669.2344
jlawrence@jamisongroup.com

Encl.



January 27, 2017

Division of Corporations
Registrations Section
P.O. Box 6327
Tallahassee, FL 32314

RE: AMENDMENT TO CERTIFICATE OF AUTHORITY
STATE OF FLORIDA

Please amend the Application for Authority for Elevon Aviation Insurance Solutions, LLC in the state of Florida. Enclosed are the following:

1. Application for Amendment to Certificate of Authority
2. Certificate of Good Standing
3. Check in the amount of \$30.00

Please return the approved information to:

Elevon Aviation Insurance Solutions, LLC
c/o Herbert L. Jamison & Co., LLC
20 Commerce Dr. Suite 200
Cranford, NJ 07016
ATTN: Jordan Lawrence

Very truly yours,

Jordan Lawrence
Licensing and Compliance Analyst
Ph 973.669.2344
jlawrence@jamisongroup.com

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elevon Aviation Insurance Solutions, 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:

Jordan Lawrence

Name of Person

Herbert L. Jamison & Co., LLC

Firm/Company

20 Commerce Dr, Ste 200

Address

Cranford, NJ 07016

City/State and Zip Code

slawrence@jamisongroup.com

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

For further information concerning this matter, please call:

Jordan Lawrence

Name of Person

at (973) 669-2344

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

**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: Elevon Aviation Insurance Services, 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)

2. The Florida document number of this limited liability company is: M16000004904

3. Jurisdiction of its organization: GA

4. Date authorized to do business in Florida: 06/20/2016

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

5. New name of the limited liability company: Elevon Aviation Insurance Solutions, 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.

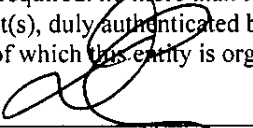
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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 the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
Dean Curtis, SR VP

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2017 JUN 16 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF FACT

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

Effective, October 24, 2016, Elevon Aviation Insurance Services, LLC, a domestic limited liability company, filed a certificate of name change, changing it's name to Elevon Aviation Insurance Solutions, LLC.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 13996374
Print Date : 02/03/2017
Form Number : 218



B. P. Kemp

Brian P. Kemp
Secretary of State

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 Solutions, 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	: 13683557
Date Inc/Auth/Filed	: 02/02/2016
Jurisdiction	: Georgia
Print Date	: 12/08/2016
Form Number	: 211



Brian P. Kemp
Secretary of State