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Florida Department of State
Division of Corporations
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H160001701303ABCT

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: WENDY.HEFLEY@INCORP.COM

Foreign Limited Liability Company
Str8Line Insurance Enterprises, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

K. SALY
EXAMINER
JUL 18

H16000 17101303

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STR8LINE INSURANCE ENTERPRISES, 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:

Wendy Hefley

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy - Suite 500s

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Wendy Hefley on behalf of InCorp Services, Inc.

at (800)

246-2677

Name of Contact Person

Area Code

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

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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:

1. STR8LINE INSURANCE ENTERPRISES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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. Idaho 3. NA
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 450 W. State St., Ste. 215
Eagle, ID 83616
(Street Address of Principal Office)

6. 450 W. State St., Ste. 215
Eagle, ID 83616
(Mailing Address)

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

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(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. 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.

Wendy Hefley Wendy Hefley on behalf of InCorp Services, Inc.
(Registered agent's signature)

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

Shawn Webb-Manager 450 W. State St., Ste. 215, Eagle, ID 83616

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)

Shawn Webb
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.

Shawn Webb

Typed or printed name of signee

FILED
2016 JUL 15 AM 6:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H160001701303

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

STR8LINE INSURANCE ENTERPRISES, LLC

File Number W-165600

FILED
2016 JUL 15 AM 6:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 4/22/2016.

I FURTHER CERTIFY That the limited liability company's certificate of organization has not been dissolved.

Dated: 7/14/2016 3:04 PM



SECRETARY OF STATE

Authentic Access Idaho Document (<http://www.accessidaho.org/public/portal/authenticate.html>)
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