

m160001769433

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H160001769433))



H160001769433ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : HUNTON & WILLIAMS
Account Number : I20000000236
Phone : (305) 810-2542
Fax Number : (305) 810-2460

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

Email Address: mlopezmartinez@hunton.com

**Foreign Limited Liability Company
ENDURANCE CAPITAL SERVICES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2016 JUL 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 JUL 22 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

7/25/16 DS

(((H16000176943 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENDURANCE CAPITAL SERVICES 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:

MARIA LAURA LOPEZ

Name of Person

HUNTON & WILLIAMS LLP

Firm/Company

1111 BRICKELL AVE, SUITE 2500

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

MLOPEZMARTINEZ@HUNTON.COM

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

For further information concerning this matter, please call:

MARIA LAURA LOPEZ

Name of Contact Person

305

Area Code

536 - 2705

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

(((H16000176943 3)))

(((H16000176943 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. ENDURANCE CAPITAL SERVICES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
EC Services - Florida 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. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 608 EUROPE LAKE RD, PO BOX 137, ELLISON BAY WI 54210
(Street Address of Principal Office)
6. 608 EUROPE LAKE RD, PO BOX 137, ELLISON BAY WI 54210
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Robert S. Rausch
- Office Address: c/o Hunton & Williams LLP
1111 Brickell Avenue, Suite 2500 Miami, Florida 33131
(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.



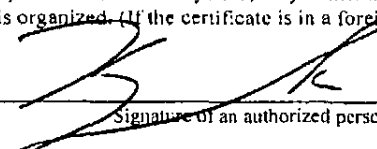
(Registered agent's signature)

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

Peter J. Szymanczyk, Manager, 608 Europe Lake Rd, PO Box 137, Ellison Bay WI 54210.

Kyle A. Szymanczyk, Manager, 608 Europe Lake Rd, PO Box 137, Ellison Bay WI 54210.

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 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.

Kyle A. Szymanczyk

Typed or printed name of signee

(((H16000176943 3)))

FILED
16 JUL 22 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H16000176943 3)))

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Endurance Capital Services LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is March 10, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

FILED
16 JUL 22 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Signed and Sealed at Richmond on this Date:
July 21, 2016*

Joel H. Peck

Joel H. Peck, Clerk of the Commission