

Electronic Filing Menu Corporate Filing Menu

Help

:

۰.

COVER LETTER

TO: Registration Section Division of Corporations

SURJECT	Starr	Wright	Risk	Purchasing	Group,	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:

Julie Murray

Name of Person

Starr Insurance Holdings, Inc.

Firm/Company

399 Park Avenue, 8th Floor

Address

New York, NY 10022

City/State and Zip Code

julie.murray@starrcompanies.com; mandy.lai@starrcompanies.com E-mail address: (to be used for future usual report notification)

For further information concerning this matter, please call:

Julie Murray		_{at (} 646) 227-6	5308	ECINE BAIDE	0	
Name of Contact Person		Area Code	Day	time Telephone Num	ber	4	1
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	TADDRESS: of Corporations ion Section suliding soutive Center Circle see, FL 32301	SALE, I LORDA	-3 MID: 16	
Enclosed is a check for the follow	ing amount:						
🖾 \$125.00 Filing Fee	GP\$130.00 Filing Fee & Certificate of Status	Certified Copy	ig Fee &	CI \$160.00 Filing Fo of Status & Certific		ste	

 $\mathbf{K}^{\mathrm{edge}}$

1347

·

.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 03.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIADILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Liability Company," "L.L.C,	temate name adopted for the pur " or "LLC.")	rpose of transacting busin	acts in Florida. The alternate nat	ne must include "Limited
 District of Columi 	bia	· 47272		
(Jurisdiction under the law company is organized)	of which foreign limited liability	Y	(FEI number, If applicable).
4,	(Dute first transacted bu (See sections 605.0904 &	isiness in Florida, if prior	r to registration.)	
				MILLING 6
5.	۲ ۰٬۰۰۴ ۰۰۰۰۰ ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰			- En 8 -
405 Silverside Rd.	Suite 102B, Wilmington	n, DE 19809		
6. (same as above)	(Street Address	s of Principal Office)		
6. <u>(auno na noore)</u>	<u></u>			
	A1.:!!	ing Address)		
				5 B
7. Name and street addres	s of Florida registered agent:	(P.O. Hox NUT acce	eptable)	·
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Ro	ad	,,,,,,,	
	Plantation		, Florida	_
Registered agent's accep	(City)	>	(Zip code)	
Daulua Lass same at an an	gistered agent and to accept	oiniment as registered	l agent and agree to act in th	ility company at the place is capacity. I further agree
designated in this applica to comply with the provisi accept the obligations of a	ons of all statutes relative to t my position as registered age C T Corporatio By:	the proper and comple int in System KAN	ete performance of my dutte EBAI	s, and I am famillar with an
designated in this applica to comply with the provisi accept the obligations of a	ons of all statutes relative to t my position as registered age C T Corporatio By:	the proper and compli nt	ete performance of my dutte EBAI	s, and I am familiar with an
designated in this applica to comply with the provisi accept the obligations of a 8. The name, title or cape	ons of all statutes relative to i my position as registered age By: C T Corporatio (Re acity and address of the person	the proper and completing in System KAN registored egens's signatur n(s) who has/have suth	ete performance of my duile.	s, and I am familiar with an Son Motory
designated in this applica to comply with the provisi accept the obligations of a 8. The name, title or cape	ons of all statutes relative to i ny position as registered age C T Corporatio By: (Re	the proper and completing in System KAN registored egens's signatur n(s) who has/have suth	ete performance of my duile.	s, and I am familiar with an Son Motory
designated in this applica to comply with the provisi accept the abligations of a 8. The name, title or cape The LLC is managed by a	ons of all statutes relative to i my position as registered age By: C T Corporatio (Re acity and address of the person	the proper and comple- int registered egent's signatur n(s) who has/have suth ed of the following ind	ete performance of my duile.	s, and I am familiar with an Son Motory
designated in this applica to comply with the provisi accept the abligations of a 8. The name, title or cape The LLC is managed by a	ons of all statutes relative to a my position as registered age. By: (Re acity and address of the person Board of Managers comprise	the proper and comple- int registered egent's signatur n(s) who has/have suth ed of the following ind	ete performance of my duile.	s, and I am familiar with an Son Motory
designated in this applica to comply with the provisi accept the obligations of a 8. The name, title or cape The LLC is managed by a and Nehemlah Ginsburg.	ons of all statutes relative to in ny position as registered age. C T Corporation By: (Re acity and address of the person board of Managers comprise The address of each is 399 Pl of existence, no more than 90 of which it is organized. (If th	the proper and completent in System KMM registered egent's signatur n(s) who has/have auth ed of the following ind ark Ave., 9th Floor, Ni 0 days old, duly authen	ete performance of <u>FBCC</u> nority to manage is/ ividuals: Reggis di ew York, NY 1002: nticated by the offici	Kustn Bok Kustn Bok sistant Sac are: ibbs, Jorry 2.

This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, 1 am aware that any mise that submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155; F.S.

Thomas A. Bryan

Typed or printed name of signee

To: Page 6 of 6

2016-10-03 13:05:00 CST

19542080845 From: Ranae McGraw

Initial File #: L00005071467 Entity Type: LLC

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this *CERTIFICATE OF GOOD STANDING* is hereby issued to

STARR WRIGHT RISK PURCHASING GROUP, LLC

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 12/4/2014; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 10/3/2016 1:09 PM



Mariel Bowser Mayor

Tracking #: VNgYfsQB

Business and Professional Licensing Administration

PATRICIA E. GRAYS Superintendent of Corporations Corporations Division



-3.8