## M1400009467

(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:
W16-77494





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> SECRETARY OF STAT ALLAHASSEE, FLORI

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D. BRUCE NOV 28 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2016

BRUCE WORTHINGTON 1801 S PERIMETER RD, STE 130 FORT LAUDERDALE, FL 33309

SUBJECT: ANGUS RISK MANAGEMENT, LLC

Ref. Number: W16000077494

We have received your document for ANGUS RISK MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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 (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A00024561

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

An SUBJECT:	igus Risk Manage	ement, LLC						
Sebuter		Name of	Limited Liability	Company				
		reign Limited Liability Comp ed to register the above refero						
Please return all	correspondence o	concerning this matter to the	following:					
	Bruce Worthing	gton						
		N	ame of Person					
	Angus Risk Ma	nnagement, LLC						
		Fi	rm/Company	-				
	1801 S Perimet	er Rd, Ste 130						
			Address					
	Fort Lauderdale	e, FL 33309						
		City/S	tate and Zip Code	<del>,</del>		n)		
	bworthington@a							
		E-mail address: (to be used	i for future annua	l report not	ification)			
For further infor	mation concernin	g this matter, please call:						
Bruce 1	Worthington		954 at (	332-464	<b>‡</b> 7			
<del></del>	Name o	of Contact Person	Area Code	Day	time Telephone Nu	ımber		
Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circlee, FL 32301	SLORE DARY	2016 NOV 23	77
	eck for the follow 5.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		■ \$160.00 Filing of Status & Certi	Fée, C	ertificate	D

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	eign Limited Liability Company; mus	t include "Limited Lial	oility Company," "L.L.C.," or "	'LLC.")	
If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose " or "LLC.")	of transacting busines	s in Florida. The alternate name	e must includ	e "Limited
Delaware		3. 81-4256538			
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u> </u>	(FEI number, if applicable)		
N/A					
	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to 0905. F.S. to determine	registration.)		
1801 S Perimeter Rd, S				-	
Fort Lauderdale, FL 33	309				
	(Street Address of P	rincipal Office)		•	
1801 S Perimeter Rd, S	te 130			_	
Fort Lauderdale, FL 33	309				
	(Mailing A	(ddress)		•	
. Name and street address	ss of Florida registered agent: (P.6	O. Box NOT accept	able)		
Name:	Carlton Christian		_	JAKI SEE	23
Office Address:	1801 S Permiter Rd, Ste 130	_	AHA AHA	Zer von Zer	
	Fort Lauderdale		Florida 33309		
	(City)		(Zip code)	- m-< <b>\</b> m <sub></sub>	in
lesignated in this applica o complywith the provisi	rgistered agent and to accept serv tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent.	ment as registered a	gent and agree to act in this	lity company s capacity.	l Jurther agree
	(Registe	ered agent's signature)			
8. The name, title or capa	acity and address of the person(s)	who has/have author	rity to manage is/are:		
•	801 S Permiter Rd, Ste 130, Fort		· •		
	ng Director, 1801 S Permiter Rd, S				
	of existence, no more than 90 day of which it is organized. (If the coubmitted)				
	Signature			_	
	Signature	of an authorized persor	n		

Typed or printed name of signee

Carlton Christian

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANGUS RISK MANAGEMENT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203376037

Date: 11-21-16

6173786 8300 SR# 20166735077

You may verify this certificate online at corp.delaware.gov/authver.shtml