

M/6000010390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

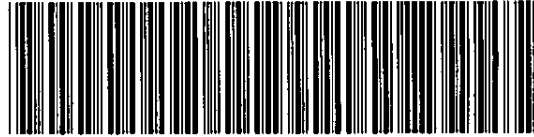
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 DEC 23 AM 8:08

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BOSTON, MA

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TO STATE FILING
SUPERVISOR OF FILING

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DEC 29 2016
J. HARRIS

2016-0111

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

12/22/16

ACOF. 120160000072

en: L SW

Name:	A & B Insurance & Financial, LLC
Document #:	
Order #:	10300351

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
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Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 125.00

+ 8.75

125

8.75

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2016

CT

SUBJECT: A&B INSURANCE AND FINANCIAL, LLC
Ref. Number: W16000085603

We have received your document for A&B INSURANCE AND FINANCIAL, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P02000127507.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 216A00027508

*Hi Jenna;
Please refile -
Darlene is going to
file the conversion.
Please return a
cert. of status
of the LLC
and allow
me initial
fee date.
Thank you,
I hope you
have a nice
day. Jma*

FILED
OFFICE OF STATE DEPARTMENT OF
CORPORATIONS
16 DEC 23 AM 8:08
RECEIVED
16 DEC 28 PM 3:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2016

CT

SUBJECT: A&B INSURANCE AND FINANCIAL, LLC
Ref. Number: W16000085603

*Please refile
and return
the cert. copy and
obtain the
original 6-02
date.*

*Thanks
Tina*

We have received your document for A&B INSURANCE AND FINANCIAL, LLC and your check(s) totaling \$1550.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A company can not serve as its own registered agent. Please designate an individual or another active Florida entity.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 416A00027301

FILED
OFFICE OF STATE
CORPORATION
16 DEC 23 AM 8:08

RECEIVED
DEPARTMENT OF STATE
16 DEC 27 AM 9:53

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. A&B Insurance and Financial, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FBI number, if applicable)

4. _____

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

5. 1408 N. Westshore Blvd. Suite 708

Tampa, FL 33607

(Street Address of Principal Office)

6. 1408 N. Westshore Blvd. Suite 708

Tampa, FL 33607

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: Michael Seraphin Michael Seraphin Asst. Secretary
(Registered agent's signature)

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

ABIF Holdings, Inc., Manager-Member

1408 N. Westshore Blvd., Suite 708

Tampa, Florida 33607

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.

Bryan Greenberg, Authorized Person

Typed or printed name of signer

FILED
CLERK OF STATE
16 DEC 23 AM 8:08

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A&B INSURANCE AND FINANCIAL, 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-SECOND DAY OF DECEMBER, A.D. 2016.

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



6258166 8300

SR# 20167222183

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203567969

Date: 12-22-16