

M17000000301

(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:

Office Use Only



100293030531

01/09/17--01036--013 **125.00

2017 JAN - 9 AM 8:51

MR. MILLIGAN
JAN 12 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OnPay Insurance Agency, 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:

Mark McKee

Name of Person

OnPay Inc

Firm/Company

1230 Peachtree St NE Promanade II Suite 1250

Address

Atlanta, GA. 30309-3574

City/State and Zip Code

markmckee@onpay.com

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

For further information concerning this matter, please call:

Mark McKee

678

825-8037

at ()

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

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 OnPay Insurance Agency, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L L C," or "LLC")

OnPay Insurance Services, 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 Delaware 3 61-1803730
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4 1/1/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605 0904 & 605 0905, F S to determine penalty liability)

5 1230 Peachtree St NE Promanade II Suite 1250
Atlanta GA 30309-3574
(Street Address of Principal Office)

6 1230 Peachtree St NE Promanade II Suite 1250
Atlanta GA 30309-3574
(Mailing Address)

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

Name Registered Agent Solutions, Inc
Office Address 155 Office Plaza Dr Suite A
Tallahassee, Florida 32301
(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.

Adam Saldana, 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

Howard Burgess CEO 5010 Colchester Ct Smyrna, GA 30339

Mark McKee President 3503 High Grove Way NE Atlanta, GA 30319

Paul Foery Director of Insurance 543 Red Spruce La Rochester, NY 14616

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

Mark McKee

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONPAY INSURANCE AGENCY, 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-EIGHTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONPAY INSURANCE AGENCY, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2016.

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


FILE
2017 JAN -9 AM 8:51
J. W. BULLOCK



6112319 8300

SR# 20167291846

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203594824

Date: 12-28-16