

M17000000544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

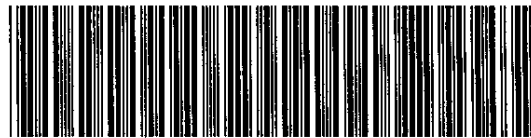
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01/13/17--01009--028 **100.00

01/19/17--01018--013 **25.00

JAN 20 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 13 PM 12:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2017

ANNY CARVALHO
PRIVATE ADVISING GROUP
600 BRICKELL AVENUE STE 1725
MIAMI, FL 33131

SUBJECT: LIT INSURANCE HOLDING, LLC
Ref. Number: W17000003803

We have received your document for LIT INSURANCE HOLDING, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 217A00000947

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 13 PM 12:00

COVER LETTER

TO: Registration Section Division of
Corporations

SUBJECT: LIT Insurance Holding, 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:

Anny Carvalho

Name of Person

Private Advising Group

Firm/Company

600 Brickell Ave. Ste. 1725

Address

Miami, FL 33131

City/State and Zip Code

anny@private-advising.com

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

For further information concerning this matter, please call:

Anny Carvalho

786

292-1599

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 13 PM 12:00

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. LIT Insurance Holding, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. State of Delaware
(Jurisdiction under the law of which foreign limited liability
3. _____
(FEI 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. 1111 Brickell Avenue, Suite 2750 Miami, FL 33131
(Street Address of Principal Office)
6. 1111 Brickell Avenue, Suite 2750 Miami, FL 33131
(Mailing Address)

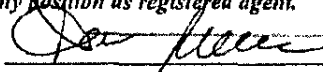
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays St,
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.

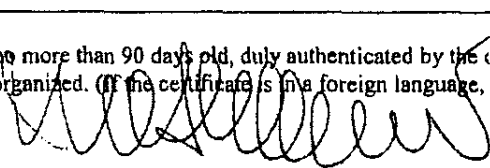


(Registered agent's signature)

Deb Reeves
Assistant Vice President

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

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.

Robert M. Koffler

Typed or printed name of signer

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 13 PM 12:00

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIT INSURANCE HOLDING, 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 TWELFTH DAY OF JANUARY, A.D. 2017.

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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 JAN 13 PM 12:00




Jeffrey W. Bullock, Secretary of State

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SR# 20170209398

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

Authentication: 201864977

Date: 01-12-17