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IN HARRIE



PHONE: 254.729.8002 FAX: 254.729.8069

January 17, 2017

Region Code 854

Florida Secretary of State Division of Corporations Corporate Filings 2661 Executive Center Circle Tallahassee, FL 32301 Fax: 850-245-6014

**Ref: Application for Certificate of Authority** 

Dear Sir/Madam:

We are filing the following documents on behalf of Elite P&C, LLC

The items checked below are enclosed.

Application for Certificate of Authority
Check #25549 Amount \$ 125.00
Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely.

### Harlie Badgett

Licensing & Compliance Specialist Insurance Licensing Services of America, Inc. 111 N. Railroad St P.O. Box 390 Groesbeck, TX 76642

Ph: 254.729.6179 Fax: 254.729.8069

Email: hbadgett@ilsainc.com

#### **COVER LETTER**

TO:	Registration Section Division of Corporation	13				
SUBJE	CT: Elite P&C, LLC					
	Name of Limited Liability Company					
The enc Existence	losed "Application by Force, and check are submitted	reign Limited Liability Comp d to register the above refer	pany for Authorization tenced foreign limited lia	o Transact Business in Florida," Certificate of ability company to transact business in Florid		
Please r	eturn all correspondence of	concerning this matter to the	following:			
	<u></u>	Stefanie Cantu				
	Name of Person					
	ILSA					
	Firm/Company					
	111 N. Railroad St.					
	Address					
	Groesbeck, TX 76642					
		City/S	tate and Zip Code			
			and@elitep-c.com			
		E-mail address: (to be use	d for future annual repor	rt notification)		
For furtl	ter information concernin	g this matter, please call:				
	Stefanie Cantu		at ()	29-6139		
	Name o	f Contact Person	Area Code	Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divi Regi Clift 2661	SEET ADDRESS: sion of Corporations istration Section on Building Executive Center Circle aliassee, FL 32301		
Enclosed	d is a check for the follow ☐ \$125,00 Filing Fee	ing amount:  \$\Boxed{\Omega}\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Fee Certified Copy	2 & □ \$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 SIXTUIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. Elite P&C, LLC (Name of Fore	ign Limited Liability Company; must include "Limi	ited Liability Company," "L.L.C.," or "LLC")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting "or "LLC.")	business in Florida. The alternate name must in	nclude "Limited
2. DE	, a		
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	<del></del>
company is organized)			
4.	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) etermine penalty liability)	
5. 985 Old Eagle School	Rd., Suite 505		
Wayne, PA 19087	(Street Address of Principal Office		
00001151 6 0 1 17		)	
6. 985 Old Eagle School R	Rd., Suite 505	<u> </u>	<b>17</b>
Wayne, PA 19087			
	(Mailing Address)		7.5 155
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT	_acceptable)	
Name:	CT Corporation System		
Office Address:	1200 South Pine Island Road	<del></del>	9: 20
	Plantation	. Florida 33324	
	(City)	, Florida 33324 (Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service of process tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and comy position as registered agent  (Registered agent's significant of the proper agent of the prop	nered agent and agree to act in this capac complete performance of my duties, and I de Angel Sheare Assistant Secret	ity. I further agree um familiar with and <b>T</b>
8. The name, title or caps	acity and address of the person(s) who has/have	•	
_	ent - 985 Old Eagle School Rd., Suite 505 Wayn		
	e Vice President - 985 Old Eagle School Rd., Su		- <b>-</b>
Matthew Naylor - Executiv	ve Vice President - 985 Old Eagle School Rd., S	uite 505 Wayne, PA 19087	<b></b> -
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in ubmitted)  Signature of an authorized	a foreign language, a translation of the cer	of records in the tificate under oath
	Signature of an authorize	d person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), For the Department of State constitutes a third dep	gree felony as provided for in s.817.155, F.	nformation S.
	MICHALL J. H		
	Typed or printed name of	signee	

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ELITE P&C, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Authentication: 201888573

Date: 01-18-17