

FEB 10 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NTE Assurance, 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:

Don Holloway  
Name of Person

NTE Assurance, LLC  
Firm/Company

PO Box 1489  
Address

Franklin, TN 37065-1489  
City/State and Zip Code

Don@Egotia.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Holloway at ( 615 ) 599-8155  
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 NTE Assurance, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2 Delaware 3 47-3335361  
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

4 Have not commenced any business in Florida  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5 436 Main Street, Suite 200  
Franklin, TN 37064  
(Street Address of Principal Office)

6 PO Box 1489  
Franklin, TN 37065-1489  
(Mailing Address)

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

Name Incorp Services, Inc.  
Office Address: 17888 67th Court North  
Loxahatchee Florida 33470  
(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.

Joie A. Sorensen on behalf of Incorp Services, INC  
(Registered agent's signature)

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

Don R. Holloway - CFO  
PO Box 1549  
Franklin, TN 37065-1549

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 or the translator must be submitted)

Don R. Holloway  
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.

Don R. Holloway  
Typed or printed name of signer

FILED  
01 FEB -9 A 11:07  
DEPARTMENT OF STATE  
TREASURY OF FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "NTE ASSURANCE, 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 TWENTIETH DAY OF JANUARY, A.D. 2017.



5705268 8300

SR# 20170360079

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 201907247

Date: 01-20-17