

M17000002105

(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:

W16-64746 wrong form

Office Use Only



000289726440

09/07/16--01043--024 **105.00

000289726440
03/07/17--01016--015 **55.00

FILED
2017 MAR -7 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FL 32310

K. SALY
MAR 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2016

RECEIVED

SEP 28 2016

SUPPORTIVE INSURANCE

CHRISTY KRICK
SUPPORTIVE INSURANCE SERVICES
1610 SOUTH OLD DECKER RD.
VINCENNES, IN 47591

SUBJECT: U.S. RISK, LLC
Ref. Number: W16000064746

We have received your document for U.S. RISK, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please note difference in fee.,

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 316A00020081



LICENSING EXPERTS
Saving You Time & Money



DATE: March 3, 2017

TO: Secretary of State

FROM: Christy Krick
Licensing Representative

RE: Certificate of Authority Application

Enclosed you will find the necessary requirements to process the certificate of authority. The certificate should be forwarded to:

Supportive Insurance Services, LLC
1610 South Old Decker Road
Vincennes, IN 47591

If you require any additional requirements, please contact me at (812) 494 2472 or via email at ckrick@supportiveis.com

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. Risk, 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:

Christy Krick
Name of Person

Supportive Insurance Services
Firm/Company

1600 South Old Decker Road
Address

Vincennes IN 47591
City/State and Zip Code

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

For further information concerning this matter, please call:

Christy Krick at (812) 494 2472
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

PD
\$ 70.00
Total Due \$ 55.00

**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. U.S. Risk. 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. DE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 8401 N Central Expy Ste 1000
Dallas, TX 75225
(Street Address of Principal Office)

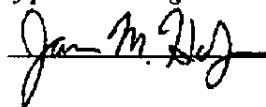
6. 8401 N Central Expy Ste 1000
Dallas, TX 75225
(Mailing Address)

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.



(Registered agent's signature)

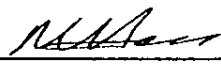
James M. Halpin
Assistant Secretary

FILED
2017 MAR -7 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Randall Goss/ CEO
Ian Packer/ CFO & Secretary

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.

Randall Goss
(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 "U.S. RISK, 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-FIRST DAY OF JANUARY, A.D. 2017.

FILED
2017 MAR -7 PM 3:56
CLERK OF STATE
TALLAHASSEE, FLORIDA



6071662 8300

SR# 20170095130

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


Jeffrey W. Bullock, Secretary of State

Authentication: 201908912

Date: 01-21-17