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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 24 AM 11:49

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K. SALY

MAR 27 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

Albert Insurance Services, LLC

SUBJECT: _____
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:

Chloe Mason

Name of Person

Licensing Professionals

Firm/Company

PO Box 566

Address

Lynden, WA 98264

City/State and Zip Code

cmason@licensingpros.com

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

For further information concerning this matter, please call:

Chloe Mason

888

543-5432

Name of Contact Person

at (_____) _____

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
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Albert Insurance Services, 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. **Delaware**

3. **38-4019984**

(Jurisdiction under the law of which foreign limited liability
company is organized)

(FEI number, if applicable)

4. **Not applicable**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

849 South Broadway, Unit 1202

5. **Los Angeles, CA 90014**

(Street Address of Principal Office)

849 South Broadway, Unit 1202

6. **Los Angeles, CA 90014**

(Mailing Address)

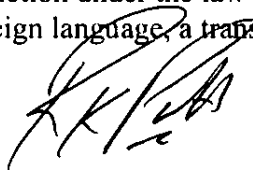
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Rishi Patel, Vice President

849 South Broadway, Unit 1202

Los Angeles, CA 90014

8. Attached is an original 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. (A photocopy is not acceptable. 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

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Rishi Patel, Vice President

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

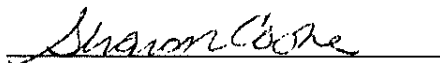
DATE: 3/20/2017

ENTITY NAME: Albert Insurance Services, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Sharon Cooke, Assistant Secretary
Paracorp Incorporated

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ALBERT INSURANCE SERVICES, 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 SIXTEENTH DAY OF MARCH, A.D. 2017.

FILED
2017 MAR 24 AM 11:49
SECRETARY OF STATE
HALLAMSSIE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6195097 8300

SR# 20171682982

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

Authentication: 202209770

Date: 03-16-17