

M17000003475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

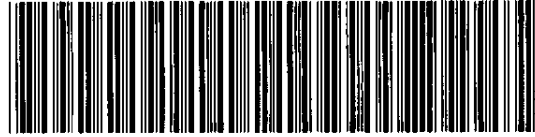
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200296606182

RECEIVED
DEPARTMENT OF STATE
17 APR 24 PM 4:48

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 24 AM 9:34

APR 25 2017
S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 611923 8002567
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : April 24, 2017
ORDER TIME : 4:06 PM
ORDER NO. : 611923-030
CUSTOMER NO: 8002567

FOREIGN FILINGS

NAME: CARY STREET PARTNERS
INSURANCE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 24 AM 9:34

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. Cary Street Partners Insurance 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. Virginia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 82-0624145 (FEI number, if applicable)

4. The LLC has not transacted business in Florida.
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1210 East Cary Street, Suite 300 (Street Address of Principal Office) 6. Same as Principal Office (Mailing Address)
Richmond, VA 23219

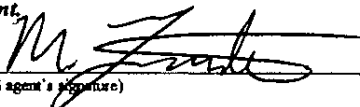
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
 Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 17 APR 24 AM 9:58

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.

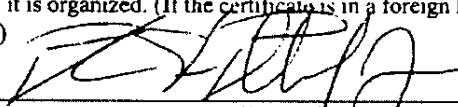
By:  Melissa Zender
(Registered agent's signature) Asst. Vice President

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

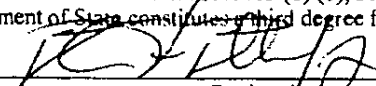
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Director/Officer</u>	<u>Joseph R Schmuckler</u> <small>1210 East Cary Street, Suite 300 Richmond, VA 23219</small>	<u>Director</u>	<u>Thomas H Tullidge Jr</u> <small>1210 East Cary Street, Suite 300 Richmond, VA 23219</small>
<u>Director</u>	<u>Walter D Bayne</u> <small>1210 East Cary Street, Suite 300 Richmond, VA 23219</small>	<u>Officer</u>	<u>Michael J Doyle</u> <small>1210 East Cary Street, Suite 300 Richmond, VA 23219</small>

(Use attachments if necessary)

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

10. 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.


Typed or printed name of signee

Florida Division of Corporations

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

Officer Sean P Crawford
 1210 East Cary Street, Suite 300
 Richmond, VA 23219

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 24 AM 9:34

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Cary Street Partners Insurance LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

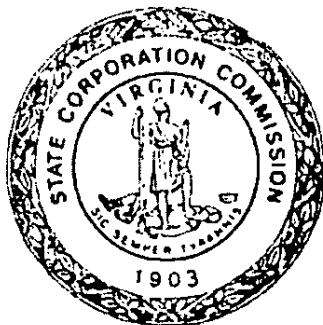
That the date of its organization is February 22, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 24 AM 9:34

*Signed and Sealed at Richmond on this Date:
April 21, 2017*



Joel H. Peck
Joel H. Peck, Clerk of the Commission