

MI7000007521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

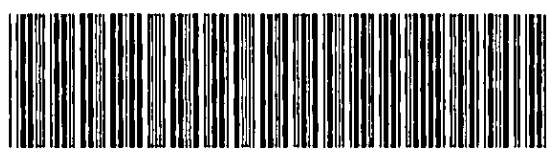
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NATIONAL RISK MANAGEMENT LLC

301 Clematis Street, Suite 3000, West Palm Beach, FL 33401

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2017 AUG 30 PM 4:48
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

August 29, 2017

Re: National Risk Management, LLC d/b/a Florida Risk Management, LLC


To whom it may concern:

I, Douglas Kahn, am the owner of Florida Risk Management, LLC, a Florida LLC. I hereby give consent for National Risk Management, LLC, a Delaware LLC, to conduct business State of Florida under the alternate name: "Florida Risk Management, LLC."

Please do not hesitate to contact me if there are any questions regarding this designation and request.

Thank you.

Sincerely,



Douglas Kahn
Managing Member
National Risk Management, LLC
Florida Risk Management, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Risk Management, 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:

Douglas Kahn
Name of Person

National Risk Management, LLC
Firm/Company

301 Clematis Street, Suite 3000
Address

West Palm Beach, FL 33401
City/State and Zip Code

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

For further information concerning this matter, please call:

Douglas Kahn at (561) 463-2612
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. National Risk Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Florida Risk Management, 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-1494678 (FBI 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. 301 Clematis Street, Suite 3000
(Street Address of Principal Office)
West Palm Beach, FL 33401

6. 301 Clematis Street, Suite 3000
(Mailing Address)
West Palm Beach, FL 33401

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

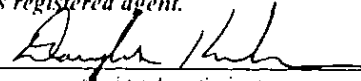
Name: Douglas Kahn

Office Address: 301 Clematis Street, Suite 3000

West Palm Beach, FL Florida 33401
(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)

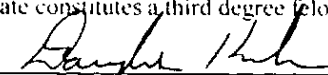
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Douglas Kahn</u> <u>301 Clematis Street, Ste. 3000</u> <u>West Palm Beach, FL 33401</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

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.


Signature of an authorized person

Douglas Kahn
Typed or printed name of signer

Delaware


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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL RISK MANAGEMENT, 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-FIFTH DAY OF AUGUST, A.D. 2017.

FILED
2017 AUG 30 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

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SR# 20175896248

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

Authentication: 203123825

Date: 08-25-17