

M17000007914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

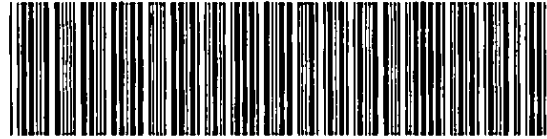
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 15 PM 4:03
TALLAHASSEE, FL 32309

SEP 15 2017
J. HARRIS



LICENSING PROFESSIONALS

Insurance Compliance Service
P.O. Box 566, Lynden WA 98264
Toll Free: (888) 543-5432
Fax: (360) 933-1991
Email: NCompton@licensingpros.com

MEMO

DATE: September 12, 2017

TO: Florida Department of State
Corporate Division
P.O. Box 6327
Tallahassee, FL 32314

FROM: Nicole Compton

SUBJECT: Application for Certificate of Authority

Submitted for your approval is the application to register **CMC Insurance, LLC** as a foreign limited liability company with the authority to transact business in your state. Enclosed you will find the following documents:

- Application for Certificate of Authority
- Registered Agent Consent
- Certificate of Good Standing
- A check in the amount of \$125.00 made payable to:

"Florida Department of State"

If you have any questions or require additional information in order to process this request, please contact Nicole Compton/Licensing Professionals at (888) 543-5432. Thank you.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMC Insurance, 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:

Nicole Compton

Name of Person

Licensing Professionals

Firm/Company

P.O. Box 566

Address

Lynden, WA 98264

City/State and Zip Code

Ericg@consensusmgmt.com

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

For further information concerning this matter, please call:

Nicole Compton

Name of Contact Person

at (**888**) **543-5432**

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. CMC 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. Tennessee

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

3. 68-0642099

(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. 4301 Hillsboro Pike, Suite 310

Nashville, TN 37215

(Street Address of Principal Office)

6. 4301 Hillsboro Pike, Suite 310

Nashville, TN 37215

(Mailing Address)

SEP 15 PM 4:03
FBI
MEMPHIS

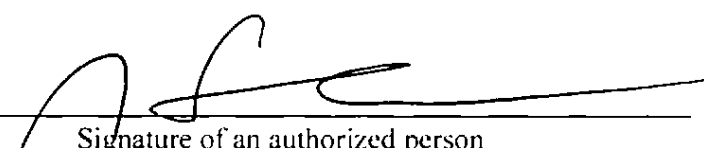
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Joseph Schimenti, President

4301 Hillsboro Pike, Suite 310

Nashville, TN 37215

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.)

Joseph Schimenti, President

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

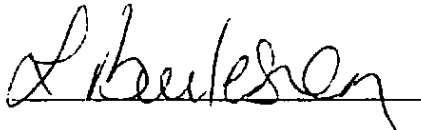
DATE: 8/24/2017

ENTITY NAME: CMC INSURANCE, 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.



Leticia Burleson, Assistant Secretary
Paracorp Incorporated

22H SEP 15 PM 4:08
TALLAHASSEE, FL 32301
FALL 2017



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee
312 Rosa L. Parks AVE. 6th FL
Nashville, TN 37243-1102

CMC INSURANCE, LLC
4301 HILLSBORO PIKE, SUITE 310
NASHVILLE, TN 37215

September 12, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0250400

Issuance Date: 09/12/2017
Copies Requested: 1

Document Receipt

Receipt #: 003571531 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3710785729 \$20.00

Regarding: CMC INSURANCE, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 12/21/2006
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 536863
Date Formed: 01/01/2007
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CMC INSURANCE, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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