

M17000007914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

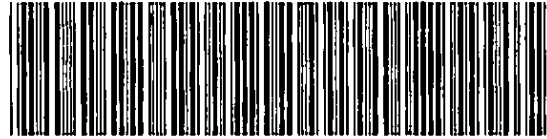
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 15 PM 4:03  
CALIFORNIA

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](mailto: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

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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 3. 68-0642099  
(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. 4301 Hillsboro Pike, Suite 310  
Nashville, TN 37215  
(Street Address of Principal Office)

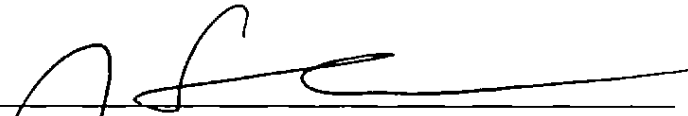
6. 4301 Hillsboro Pike, Suite 310  
Nashville, TN 37215  
(Mailing Address)

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TALLAHASSEE, FLORIDA

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

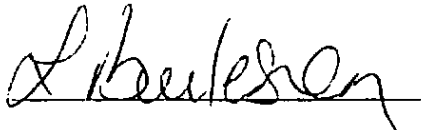
DATE: 8/24/2017

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

2017 SEP 15 PM 4:00  
TALLAHASSEE, FLORIDA



**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 Control #: 536863  
Formation/Qualification Date: 12/21/2006 Date Formed: 01/01/2007  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County: DAVIDSON COUNTY

**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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