

M17 0000016709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

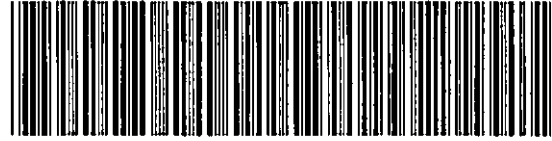
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 DEC 19 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2017

EDWARD MACKOUL
25 NASSAU LANE
ISLAND PARK, NY 11558

SUBJECT: MACKOUL RISK SOLUTIONS, LLC
Ref. Number: W17000098516

We have received your document for MACKOUL RISK SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 017A00025200

Mackoul & Associates, Inc.

25 Nassau Lane
Island Park, NY 11558
Phone: 516-431-9100 Fax: 516-871-1355

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

M E M O

Page 1

ACCOUNT NO.	OP	DATE
FISHGAB	GW	11/30/2017
POLICY INFORMATION		
POLICY#		
TYPE		
EFFECTIVE		
EXPIRATION		
HO4		
11/04/2013 09/01/2014		

To Whom it Concerns:

Re:

Enclosed is our Application, Certificate and Check.

If you have any questions, please don't hesitate to contact me.

516-279-1231
25 Nassau Lane, Island Park, NY 11558

Gabrielle Fisher

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mackoul Risk Solutions, 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:

Edward J. Mackoul
Name of Person
Mackoul Risk Solutions, LLC
Firm/Company
25 Nassau Lane
Address
Island Park, NY 11558
City/State and Zip Code
gfisher@mackoul.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabrielle Fisher 516 279-1231
Name of Contact Person at () Daytime Telephone Number
Area Code

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. Mackoul Risk Solutions, 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. New York State 3. 47-4313519
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. _____
(Date first incorporated in _____ or _____, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)
5. 25 Nassau Lane, Island Park, NY 11558 6. 25 Nassau Lane, Island Park, NY 11558
(Street Address of Principal Office) (Billing Address)

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

Name: Mackoul Group of Florida, LLC

Office Address: 1555 Bonaventure Blvd Ste 1029

Weston, Florida 33326
(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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>President</u>	<u>Edward J. Mackoul</u> <u>25 Nassau Lane</u> <u>Island Park, NY 11558</u>		

(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)

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.

(Signature of an authorized person)

Edward J Mackoul

(Typed or printed name of signer)

17 DEC 19 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NEW YORK STATE
DEPARTMENT *of*
FINANCIAL SERVICES

Andrew M. Cuomo
Governor

Maria T. Vullo
Superintendent

MACKOUL RISK SOLUTIONS LLC
25 NASSAU LANE
ISLAND PARK, New York 11558

CERTIFICATE OF LICENSING STATUS

THE ABOVE LIMITED LIABILITY CORPORATION IS/WAS LICENSED AND IN GOOD STANDING AS INDICATED. THE SUBLICENSEE(S) ON THE ATTACHMENT HAS COMPLIED WITH OUR QUALIFICATION STANDARDS. IF CURRENTLY LICENSED, THE ABOVE IS NOT IN VIOLATION OF NEW YORK STATE CONTINUING EDUCATION REQUIREMENTS.

<u>LICENSE TYPE</u>	<u>LINE NUMBER - LINE DESCRIPTION</u>			<u>EXPIRATION DATE</u>
PROPERTY/CASUALTY BROKER	1 -Property	2 -Casualty	3 -Personal Lines	10/31/2018
LIFE AND/OR ACCIDENT/HEALTH AGENT	1 -Life	2 -Accident and Health		6/30/2019
PROPERTY & CASUALTY AGENT	1 -Property	2 -Casualty	3 -Personal Lines	6/30/2018



IN WITNESS WHEREOF, I HAVE CAUSED MY OFFICIAL
SEAL TO BE AFFIXED AT THE CITY OF ALBANY

Maria T. Vullo
Superintendent
November 28, 2017



NEW YORK STATE
DEPARTMENT *of*
FINANCIAL SERVICES

Andrew M. Cuomo
Governor

Maria T. Vullo
Superintendent

MACKOUL RISK SOLUTIONS LLC
25 NASSAU LANE
ISLAND PARK, New York 11558

LINES			PROPERTY/CASUALTY BROKER SUBLICENSEE(S)	BIRTHDATE
1	2	3	MACKOUL, EDWARD J	03/09/1971
LINES			LIFE AND/OR ACCIDENT/HEALTH AGENT SUBLICENSEE(S)	BIRTHDATE
1	2		MACKOUL, EDWARD J	03/09/1971
LINES			PROPERTY & CASUALTY AGENT SUBLICENSEE(S)	BIRTHDATE
1	2	3	MACKOUL, EDWARD J	03/09/1971



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Maria T. Vullo
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November 28, 2017