

m18000001414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

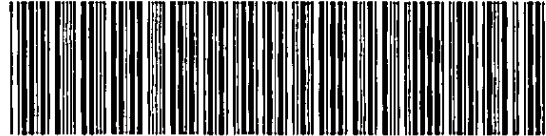
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA SIGN W18-8273

Office Use Only



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01/25/18--01008--018 **125.00

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18 FEB -8 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

FEB 09 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2018

BRENDA ANTHONY
1501 N. UNIVERSITY, SUITE 550
LITTLE ROCK, AR 72207

SUBJECT: COMMONWEALTH INSURANCE ADVANTAGE, LLC
Ref. Number: W18000008273

We have received your document for COMMONWEALTH INSURANCE ADVANTAGE, 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):

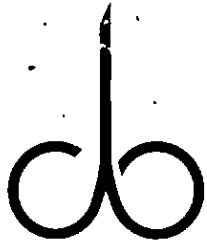
The registered agent must sign accepting the designation.

Please return 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 918A00001799



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

BILL WOODYARD
President

January 22, 2018

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

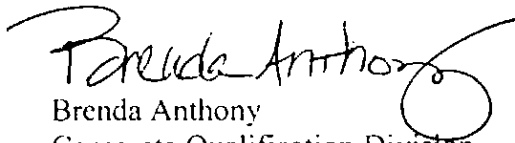
Dear Sir/Madam:

Enclosed please find the necessary documents to qualify **Commonwealth Insurance Advantage, LLC** to transact business in your state.

I trust this letter and the enclosed documents place them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,


Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Commonwealth Insurance Advantage, 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:

Brenda Anthony

Name of Person

Central Licensing Bureau

Firm/Company

1501 N University, Suite 550

Address

Little Rock, AR 72207

City/State and Zip Code

ebossard@commonwealthinsure.com

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

For further information concerning this matter, please call:

Brenda Anthony

501

664-8044

at (_____) _____

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. Commonwealth Insurance Advantage, 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. Pennsylvania 3. 81-1529922
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 500 Office Center Drive 6. 500 Office Center Drive
(Street Address of Principal Office) (Mailing Address)
Suite 400 Suite 400
Fort Washington, PA 19034 Fort Washington, PA 19034

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

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation . Florida 33324
(City) (Zip code)

FILED
18 FEB -8 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: NRAI Services, Inc. Janet Hughes
(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>Eric K. Bossard</u>		
	<u>500 Office Ctr Dr, Ste 400</u>		
	<u>Fort Washington, PA 19034</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.

Eric K. Bossard
Signature of an authorized person
Eric K. Bossard
Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

12/22/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Commonwealth Insurance Advantage, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC171222100351-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>