11800001419

(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:				
parally				
DAS W 18-10324				

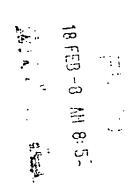
Office Use Only



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01/30/18--01020--021 **160.00

02/09/18--01027--006 **777.50



O SIMMONS



January 31, 2018

HANI RIHAN 5566 BROADCAST CT SARASOTA, FL 34240

SUBJECT: AMERICAN INSURANCE AGENCIES DIRECT, LLC

Ref. Number: W18000010324

We have received your document for AMERICAN INSURANCE AGENCIES DIRECT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

The registered agent must sign accepting the designation.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 518A00002120

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: American Invulance Agencies Dicot (1) 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:					
Hani Shan					
Name of Person					
American Insulance Agences Dilect IIL					
^					
5566 Bradcast Covit					
Address					
Saíasota Florda 34240 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Diaze ARNOT at (732) 682 5566					
Name of Contact Person Area Code Daytime Telephone Number					
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclosed is a check for the following amount: LES 125.00 Filing Fee Certificate of Status LES 125.00 Filing Fee & Certified Copy LES 155.00 Filing Fee & Certified Copy LES 160.00 Filing Fee, Certificate of Status & Certified Copy					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ON 605.0902, FLORIDA STATUTEN THE FO INENS INTHE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGIST	ER A FOREIGN TIMITED DABITH
٨	\	Veal III	
1. Principal Control C	TOURTEE AGENCIES L'imited Liability Company fruits include "Limited	ed Liability Company," "L.L.C.," or "LEC,"	
(If name unavailable, enter alternate nam	ne adopted for the purpose of transacting business in Flo	rida. The alternate name most include "Limited Lin	hihity Company," "L.L.C," or "I.L.C.")
2. Jo and E.	h foreign hinsted liability company is organized)	3. 81-28 07 3	ber, (f applicable)
(1/201	/	(C) Man	to approximately
4. 9/3010	Dela fine transported burganes in Clareda of Street		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F,S) to determ	ine penalty liability)	.1 6
5. 5566 Day	205+ (+.	6. 5066 DORACO	Ut (t
Jarazola F	31040	Jaianla FL	341240
<u> </u>			
			6
7. Name and street address.	of Florida registered agent: (P.O. Box	NOT accentable)	The state of the s
	- 11 7 1 -	. <u> </u>	
Name:	Han Filan	<u></u>	i co
Office Address:	5566 Broadcast Ct		
	Jalazola	Florida 3/2.1	10 &
-	(cuž)	(Zip co	dei 🤼 : V
Registered agent's accepta	ance: istered agent and to accept service of p	neacove for the above stated limits	d liability company of the place
	on, I hereby accept the appointment a		
to comply with the provision	ns of all statutes relative to the proper		
and accept the obligations of	of my position as registered agent.	シ	
_			 .
	(Registered agent's	ngnature)	
-	ity and address of the person(s) who had		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Kezident-	Hani Khan		
	Siamonia FL	_	
	7.500 = 1 =	_	
		_	
		_	
(Use attachments if necessa	ny)		
	of existence, no more than 90 days old,		
jurisdiction under the law of of the translator must be suf-	f which it is organized. (If the certifica	te is in a foreign language, a transla	ition of the certificate under oath
of the translator must be sur	mitted,		
	ted in accordance with section 605.020		
submitted in a document to	the Department of State constitutes a th	nrd degree felony as provided for it	1 \$.817.155, F.S.
-	((<u> </u>	
	Signatur	e of an authorized person	
	Hari Khac	_	
-	Typed o	or printed name of signee	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERICAN INSURANCE AGENCIES DIRECT,

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 TWELFTH DAY OF JANUARY, A.D. 2018.

Authentication: 201966420

Date: 01-12-18

6015388 8300 SR# 20177659039