

M18000001798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

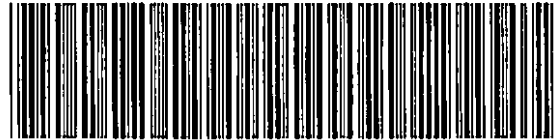
(Document Number)

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

Special Instructions to Filing Officer:

~~W18-10300~~

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18 FEB 20 AM 9:49  
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ST. LOUIS, MO.

FEB 21 2018

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2018

ROBERT T. LYNCH  
68 SOUTH SERVICE RD, STE 100  
MELVILLE, NY 11747

SUBJECT: NORTH SHORE RISK CONSULTING, LLC  
Ref. Number: W18000010300

We have received your document for NORTH SHORE RISK CONSULTING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 718A00002113

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: North Shore Risk Consulting, 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:

Robert T. Lynch Principal  
Name of Person

North Shore Risk Consulting, LLC.  
Firm/Company

68 South Service Road, Suite 100  
Address

Melville, New York 11747  
City/State and Zip Code

Bob@NorthShoreRisk.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Lynch at ( 516 ) 659-9851  
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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. North Shore Risk Consulting LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New York 3. 01-0973762  
(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 605.004 & 605.005, F.S. to determine penalty liability.)

5. 68 South Service Road 6. Same as #5  
(Street Address of Principal Office) (Mailing Address)  
Suite 100  
Melville, N.Y. 11747

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

Name: Agents and Corporations, Inc.

Office Address: 300 Fifth Avenue South, Suite 101-330  
Naples Florida 34102  
(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 and 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: [Signature]  
(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>Michael A. Kass</u> <u>68 South Service Rd</u> <u>Melville, N.Y. 11747</u>	<u>Vice-President</u>	<u>Stephen Beighuden</u> <u>68 South Service Road</u> <u>Melville, N.Y. 11747</u>

Secretary/Treasurer Robert T. Lynch  
68 South Service Road  
Melville, N.Y. 11747

(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.

Robert T. Lynch  
(Signature of an authorized person)

Robert T. Lynch  
(Typed or printed name of signer)

**State of New York**  
**Department of State** } ss:

I hereby certify, that KNL GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/18/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A certificate changing name to NORTH SHORE RISK CONSULTING LLC was filed on 06/10/2010.

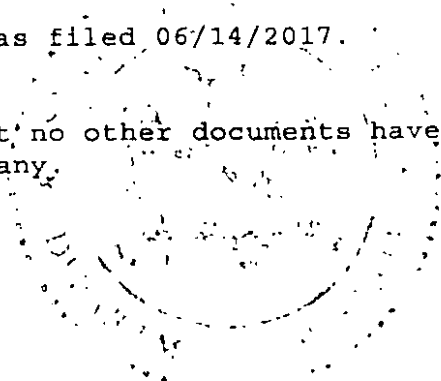
A Certificate of Publication of NORTH SHORE RISK CONSULTING LLC was filed on 07/12/2010.

A Biennial Statement was filed 06/20/2012.

A Biennial Statement was filed 05/13/2014.

A Biennial Statement was filed 06/14/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.



FILED  
18 FEB 20 AM 9:49  
STATE OF NEW YORK  
CLERK OF THE DEPARTMENT OF STATE

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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 17th day of January two  
thousand and eighteen.*

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*