

M18000003067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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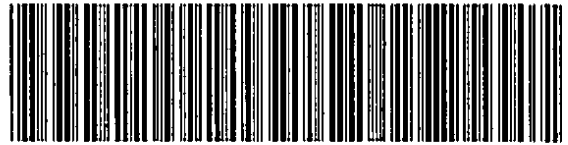
(Business Entity Name)

(Document Number)

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

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2018 MAR 26 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S. WARREN

MAR 30 2018



March 14, 2018

Business Registration Section  
Secretary of State

RE: Lavalier Insurance Services, LLC (FEIN: 46-2461439)  
Application for Foreign LLC Registration

On behalf of Lavalier Insurance Services, LLC, we submit for your Department's review and approval their application for foreign limited liability company registration. Should you require any additional information or if you have any questions, please feel free to contact me. We look forward to your Department's approval.

Thank you,

Fernando DJ Lopez  
Senior Licensing Analyst | Regulatory Compliance  
Perr&Knight  
401 Wilshire Boulevard, Suite 300  
Santa Monica, CA 90401  
310-889-0971  
flopez@perrknight.com

RECEIVED

2018 MAR 26 PM 1:30

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32310

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lavalier Insurance Services, 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:

Fernando DJ Lopez

\_\_\_\_\_  
Name of Person

Perr&Knight

\_\_\_\_\_  
Firm/Company

401 Wilshire Blvd, Suite 300

\_\_\_\_\_  
Address

Santa Monica, CA 90401

\_\_\_\_\_  
City/State and Zip Code

flopez@perrknight.com

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

For further information concerning this matter, please call:

Fernando DJ Lopez

310  
at ( )

889-0971

\_\_\_\_\_  
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. Lavalier Insurance Services, 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. Delaware 3. 462461439  
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  
company is organized)

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

5. 757 Third Avenue, New York, NY 10017  
\_\_\_\_\_  
(Street Address of Principal Office)

6. 757 Third Avenue, New York, NY 10017  
\_\_\_\_\_  
(Mailing Address)

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

Name: CT Corporation System  
Office Address: 1200 S Pine Island Rd, Suite 250  
Plantation, Florida 33324  
(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.*

Jennifer Quinn Jennifer Quinn, Asst Secretary & VP  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

PLEASE SEE ATTACHED

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)

Fernando Lopez  
Signature of authorized person

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.

FERNANDO LOPEZ  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAR 26 PM 12:14

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FILED

Lavalier Insurance Services, LLC  
Structure: Member Managed  
FEIN: 46-2461439  
List of Officer and Members

2018 MAR 26 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name	Title	
Joseph Patrick Dowd	President	757 Third Avenue, New York, NY 10017
Melissa Leah Becker	Secretary	54 East Aurora Rd, 345, Northfield, OH 44141
Andrew Jackson Chipman	Vice President	2935 N Ballard Road, Appleton, WI 54911
Robert Vetch	Treasurer	40 Lime Street, 2nd Floor, United Kingdom, London, EC3M 7AW

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAVALIER INSURANCE SERVICES, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2018.



6364536 8300

SR# 20180821107

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202162129

Date: 02-15-18