

M18000004491

(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:

W18-35883 RA Sign

Office Use Only



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04/12/18--01006--010 **125.00

FILED
18 MAY - 7 PM 4:30
SECRETARY OF STATE
DIVISION OF REVENUE

K SALY

MAY - 9 2018



CAPACITY COVERAGE COMPANY OF NEW JERSEY, INC.

Insurance and Financial Services

April 30, 2018

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

Re: Paragon Insurance Holdings, LLC
FEIN # 46-4958068

To whom it may concern:

Please find the enclosed revised Application for registration of a foreign limited liability company for the above mentioned entity.

Please return all documents to my attention at 1 International Boulevard, Suite 300, Mahwah, NJ 07495. If you have any questions or if you require any additional information please contact me at csallay@capcoverage.com or at 201-661-2348.

Sincerely,



Cynthia Sallay
Compliance Administrator

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paragon Insurance Holdings, 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:

Cynthia Sallay
Name of Person
c/o Capacity Coverage Company
Firm/Company
1 International Boulevard, Suite 300
Address
Mahwah, NJ 07495
City/State and Zip Code
csallay@capcoverage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Sallay at (201) 661-2348
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:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Paragon Insurance Holdings, 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. Connecticut 3. 46-4950868
(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 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 45 Nod Road 6. 45 Nod Road
(Street Address of Principal Office) (Mailing Address)
Avon, CT 06001 Avon, CT 06001

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
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.

By: C T Corporation System
(Registered agent's signature)

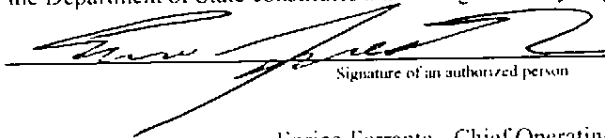
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Chief Operating Officer</u>	<u>Enrico Ferrante</u> <u>45 Nod Road</u> <u>Avon, CT 06001</u>	<u>CEO</u>	<u>Ronald Ganiats</u> <u>45 Nod Road</u> <u>Avon, CT 06001</u>
<u>Managing Partner</u>	<u>Ronald Mairano</u> <u>45 Nod Road</u> <u>Avon, CT 06001</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
Enrico Ferrante - Chief Operating Officer
Typed or printed name of signee

FILED
MAY - 7 PM 4:30
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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

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1. Paragon Insurance Holdings, 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.")

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(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 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 45 Nod Road
(Street Address of Principal Office)
Avon, CT 06001

6. 45 Nod Road
(Mailing Address)
Avon, CT 06001

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

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.

By: Peter F. Souza
C T Corporation System Assistant Secretary
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Chief Operating Officer</u>	<u>Enrico Ferrante</u> <u>45 Nod Road</u> <u>Avon, CT 06001</u>	<u>CEO</u>	<u>Ronald Ganiats</u> <u>45 Nod Road</u> <u>Avon, CT 06001</u>
<u>Managing Partner</u>	<u>Ronald Mairano</u> <u>45 Nod Road</u> <u>Avon, CT 06001</u>		

(Use attachments if necessary)

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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

Enrico Ferrante - Chief Operating Officer

Typed or printed name of signer

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

PARAGON INSURANCE HOLDINGS, LLC

a domestic limited liability company, were filed in this office on February 26, 2014.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Secretary of the State

Date Issued: February 23, 2018

FILED
18 MAY -7 PM 4:30
SECRETARY OF STATE
HARTFORD, CT 06103



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2018

CYNTHIA SALLAY
C/O CAPACITY COVERAGE COMPANY
1 INTERNATIONAL BLVD, STE. 300
MAHWAH, NJ 07495

SUBJECT: PARAGON INSURANCE HOLDINGS, LLC
Ref. Number: W18000035883

We have received your document for PARAGON INSURANCE HOLDINGS, 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00007669

RECEIVED
2018 MAY -7 PH 1:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA