

M18000004517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

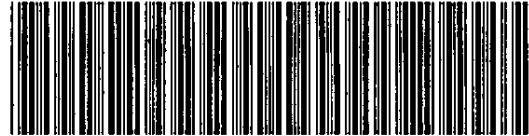
(Business Entity Name)

(Document Number)

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

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2018 MAY -7 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 10 2018  
J. HARRIS

M18-3302-81M

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ferguson Risk Management, 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:

Caroline R. Nichols

Name of Person

Jimerson & Cobb, P.A.

Firm/Company

One Independent Drive, Suite 1400

Address

Jacksonville, Florida 32202

City/State and Zip Code

cnichols@jimersoncobb.com

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

For further information concerning this matter, please call:

Mitchell B. Ferguson

678

387-7569

Name of Contact Person

at (      )  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2018

CAROLINE R NICHOLS  
JIMERSON & COBB, PA  
ONE INDEPENDENT DR, SUITE 1400  
JACKSONVILLE, FL 32202

SUBJECT: FERGUSON RISK MANAGEMENT, LLC  
Ref. Number: W18000033021

FILED  
2018 MAY -7 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FERGUSON RISK MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 118A00007025

RECEIVED  
2018 MAY -7 PM 1:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Jenna,  
per our phone call on  
5/3/18, attached is the  
GA Certificate of Existence  
Thank you,

Jessie Campbell

**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. Ferguson Risk Management, 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. Georgia 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 21 Ocean Dune Circle 6. 21 Ocean Dune Circle  
(Street Address of Principal Office) (Mailing Address)  
Palm Coast, Florida 32137 Palm Coast, Florida 32137

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

Name: Mitchell B. Ferguson  
Office Address: 21 Ocean Dune Circle  
Palm Coast, Florida 32137  
(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.*

  
(Registered agent's signature)

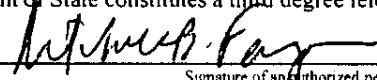
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Mitchell B. Ferguson</u> <u>21 Ocean Dune Circle</u> <u>Palm Coast, FL 32137</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  
MITCHELL B. FERGUSON  
Typed or printed name of signee

FILED  
2018 MAY -7 PM 1:38  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**FERGUSON RISK MANAGEMENT, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15640855  
Date Inc/Auth/Filed: 09/28/2012  
Jurisdiction : Georgia  
Print Date : 03/28/2018  
Form Number : 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State