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SECULTARY OF STATE
TALL ARTS OF FLORIDA

K SALY MAY 17 2018



8154 Hwy. 59, Suite 201 Foley, AL 36535 Main: (251) 943-6677

April 17, 2018

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

Re: Registration of First Baldwin Insurance, LLC with Florida Division of Corporations

To whom it may concern:

As the owner of a small business, juggling a myriad of regulatory and managerial tasks, I failed to properly register my independent insurance agency, First Baldwin Insurance, LLC, an entity domiciled in the State of Alabama, with the Florida Division of Corporations as a foreign entity, prior to doing business in Florida. In June of 2014 First Baldwin Insurance, LLC obtained an agency license for General Lines of insurance through the Florida Department of Financial Services. After obtaining this license, I thought nothing further about licensing in the State of Florida as it was nearly nine months before we wrote our first Florida insurance policy.

Now, three years later, while researching an item for another venture, I realize I errored in this matter and recognized that I will face penalties under 607.1502, F.S. I hope for your understanding here and kindly ask for your absolution in the matter.

Sincerely,

Jeffrey Powell

President

Enc:

## COVER LETTER

TO:

Registration Section Division of Corporations

		Name of	Limite	ed Liability (	Company		
The enclosed "A Existence, and cl	pplication by For neck are submitte	reign Limited Liability Comed to register the above refer	pany f enced	or Authoriza foreign limit	tion to Tra ed liability	insact Business in Florida," ( company to transact busine	Certificate o
Please return all	correspondence (	concerning this matter to the	: follo	wing:			
	Jeffrey	Powell					
		7	lame o	of Person			
	First Ba	eldwin Insurance, LL	.c				
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	8154 Hwy	. 59, Suite 201					
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	Foley, F	L 36535					
		City/s	State a	nd Zip Code			
	jpowel10	firstbaldwininsurand					
		E-mail address: (to be use	ed for	future annual	report not	lification)	
For further infor	mation concernir	g this matter, please call:					
Jeffre	y Powell		at (	251	943-	-6685	
	Name o	of Contact Person	_	Area Code	Day	time Telephone Number	
Divisio Registr P.O. Bo	NG ADDRESS: n of Corporation: ation Section ox 6327 ssee, FL 32314				Division Registrat Clifton B		
រដារជាជ	3500, FL 92914					ecutive Center Circle sec, FL 32301	
	eck for the follow .00 Filing Fee	ring amount:  \$130.00 Filing Fee & Certificate of Status		\$155.00 Filir	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Cop	

## 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 First Baldwin Insurance, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate muse adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Lubility Company," "L.L.C," or "LLC,") 26-4074028 Alabama (FEI number, if applicable) (Jurisdaction under the law of which foreign limited liability company is organized) 3/20/2015 (Date first transacted business in Florida, if prior to registration (See sections 605 0904 & 605 0905; F.S. to determine penalty) 8154 Hwy. 59, Suite 201 8154 Hwy. 59, Suite 201 (Street Address of Principal Office) (Mailing Address) Foley, AL 36535 Foley, AL 36535 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 33324 , Florida 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. Nichol McCroy, Assistant Secretary 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: President Jeffrey Powell 3154 Hwy 59, Suite Foley, AL 36535 (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 \$.817.155, F.S. signature of an authorized person

Typed or printed name of signed

Jeffrey Powell

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that First Baldwin Insurance, LLC was formed in Baldwin County, Alabama on January 20, 2009. The Alabama Entity Identification number for this entity is 429-425. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/17/2018

Date

X. W. Marill

John H. Merrill

**Secretary of State** 



April 25, 2018

JEFFREY POWELL FIRST BALDWIN INSURANCE, LLC 8154 HWY 59, STE. 201 FOLEY, AL 36535

SUBJECT: FIRST BALDWIN INSURANCE, LLC

Ref. Number: W18000039124

We have received your document for FIRST BALDWIN INSURANCE, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- >. We are enclosing the proper form(s) with instructions for your convenience.
- 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 \$986.25.
- There is a balance due of \$971.25.

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: 918A00008555