

118000004973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

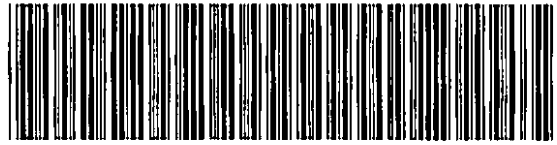
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/18/18--01024--006 \*\*160.00

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18 MAY 18 PM 2:47

SECRETARY OF STATE  
MAIL ROOM  
MAY 18 2018

K SAIY

MAY 23 2018



910 Foulk Road, Suite 201, Wilmington DE 19803  
Phone: 302-652-4800 • Fax: 302-652-6760  
[www.corpco.com](http://www.corpco.com) • [info@corpco.com](mailto:info@corpco.com)

May 10, 2018

**VIA FEDEX**

Florida Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: C & R Insurance Services, LLC – Certificate of Authority for LLC (FILE  
WITHDRAWAL FIRST AND LLC REGISTRATION SECOND)**

Dear Sir or Madam:

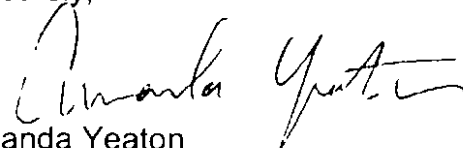
Please find enclosed the following for the above referenced entity:

- Application for Certificate of Authority for Foreign Limited Liability Company
- Certificate of Good Standing from domestic state of Pennsylvania
- Check in the amount of \$160.00 (\$125.00 of which is to cover the filing fees for the LLC registration and the remaining \$35.00 is for the withdrawal filing)

Please file the Application for Certificate of Authority for Foreign Limited Liability Company at your earliest convenience and return any evidence of filing to our office via regular mail.

If you have any questions or concerns, please do not hesitate to contact me. Thank you and have a good day.

Sincerely,

  
Amanda Yeaton

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** C & R 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:

Amanda Yeaton

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

c/o CorpCo

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

910 Foulk Road, Suite 201

\_\_\_\_\_  
Address

Wilmington, DE 19803

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

info@corpco.com

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

For further information concerning this matter, please call:

Amanda Yeaton

302

652-4800

at ( )

\_\_\_\_\_  
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. C & R INSURANCE SERVICES, 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. PENNSYLVANIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 23-2810550

(FEI number, if applicable)

4. UPON FILING

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

5. 987 OLD EAGLE SCHOOL ROAD

(Street Address of Principal Office)

SUITE 715

WAYNE, PA 19087

6. 987 OLD EAGLE SCHOOL ROAD

(Mailing Address)

SUITE 715

WAYNE, PA 19087

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

Name: ARD, SHIRLEY AND RUDOLPH, P.A.

Office Address: 207 WEST PARK AVE., SUITE B

TALLAHASSEE

(City)

, Florida 32301

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MANAGER

Timothy Kenesey

5814 Reed Road

Fort Wayne, IN 46835

MANAGER

Daniel Landrigan

5814 Reed Road

Fort Wayne, IN 46835

(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

TIMOTHY KENESEY

Typed or printed name of signer

FILED  
JAN 18 PM 2:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

04/09/2018

18 MAY 18 PM 2:47  
FILED  
SECRETARY OF THE COMMONWEALTH

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

C & R INSURANCE SERVICES, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC180409131129-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>