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PLEASE FIND ATTACHED QUALIFICATION FOR:

INSURANCE RESOURCES, LLC

PLEASE RETURN A CERTIFIED COPY

CK# 7997 FOR \$155.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insurance Resources, 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:

Oscar I. Alfonso

Name of Person

Oscar I. Alfonso & Associates, P.A.

Firm/Company

1000 Brickell Ave., Ste. 410

Address

Miami, FL 33131

City/State and Zip Code

oscar@oialaw.com

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

For further information concerning this matter, please call:

Oscar I. Alfonso

Name of Contact Person

at (305) 376-0700

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. Insurance Resources, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
Insurance Resources F1, 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 "L.L.C.")
2. South Dakota
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 30-0975457
(FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)
5. 200 N. Phillips Ave.
(Street Address of Principal Office)
Ste. 301
Sioux Falls, SD 57104
6. 200 N. Phillips Ave.
(Mailing Address)
Ste. 301
Sioux Falls, SD 57104

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

Name: Oscar I. Alfonso & Associates, P.A.
Office Address: 1000 Brickell Ave., Ste. 410
Miami, Florida 33131
(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>
Manager	Titan Management, LLC 200 N Phillips Ave., Ste 301 Sioux Falls, SD 57104		

(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)


Signature of an authorized person

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.

Roy Haberstick, as authorized signatory of Titan Management, LLC
Typed or printed name of signer

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

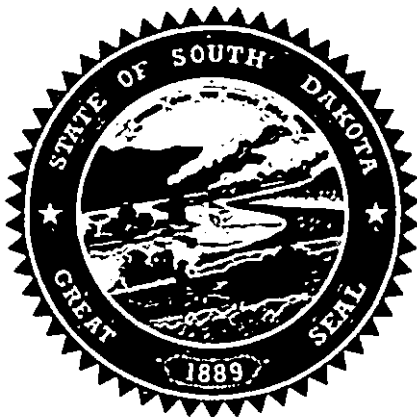
I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that

Insurance Resources, LLC

Business ID: DL131697

was authorized to transact business in this state on: March 21, 2017.

I further certify that **Insurance Resources, LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, May 24, 2018.

Shantel Krebs

Shantel Krebs
Secretary of State

05/24/2018 11:55 AM

Verification #: 010704015