M18000005835

(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:

Office Use Only



200314927032

06/21/13--01006--028 ++125.00

JUN 21 PN 3: 09 2011 JUN 21 AN & C

J. HARRIE

CORPORATI	F
ACCRCC	

When you need ACCESS to the world

ACCESS,
INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

		WALK IN
	PICK UI	»: <u>6/21/18</u>
	CERTIFIED COPY PHOTOCOPY CUS	
X	FILING	Foreign
1.	Constructive Ins	urance, LLC
2.	(CORPORATE NAME AND DOCUMENT	
3.	(CORPORATE NAME AND DOCUMENT	· n)
4.	(CORPORATE NAME AND DOCUMENT	· ·)
5. 6.	(CORPORATE NAME AND DOCUMENT	#)
.	(CORPORATE NAME AND DOCUMENT	· #)
SPECIA Instru	AL JCTIONS:	
		

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

IN COMPHANCE WITH SECTION (08 (902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enser alte	male name adopted for the purpose of transacting business in Flor	ida. The alternate name must include 'Limited Lia	b.hts Company," L.L.	(','' est "L,l	<u>ر</u> ٠٠,
, Delaware		3 32-0567310			
(Juridiction under the law of which foreign limited liability company is organized)			er, it applicable)		•
4					
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. in determine	registration) ne penalty leability)			
5. 440 S. LaSalle St	ess of Principal Office)	6. 440 S. LaSalle St			-
Suite 2000	es of Principal (Attice)	Suite 2000	ress)		
Chicago, 11. 6060:	SUSA	Chicago, IL 60605 USA		22	•
Cittogo, 11 coop.		Charge 10 0000 Ook	-	- 1	
7 Name and street a	idress of Florida registered agent: (P.O. Box	NOT acceptable)	.‡6 €2 221	ĴŀŔ	7
		<u> </u>	Pr /*	Pa	Best-a- en=eco.
Name:	Registered Agent Solutions, Inc.		****		Ė
Office Addre	255: 155 Office Plaza Dr., Suite A	·		3 -	
	Tallahassee	, Florida 32301	.	Ğ	•
	(Cry)	, Piorida (Zm cod		0	
o comply with the pr	olication, I hereby accept the appointment as ovisions of all statutes relative to the proper tions of my position as registered agent.	and complete performance of my o	in this capacity.		her agi
o comply with the pr	ovisions of all statutes relative to the proper tions of my position as registered agent. Adam	s registered ugent and ugree to act and complete performance of my o m Saldana, Asst. Secretary	in this capacity.		her agr
o comply with the property of accept the obligation	ovisions of all statutes relative to the proper tions of my position as registered agent. Adai (Registered agent's s	s registered agent and agree to act and complete performance of my o m Saldana, Asst. Secretary	in this capacity.		her agr
to comply with the property of accept the obligation	ovisions of all statutes relative to the proper tions of my position as registered agent. Adai (Registered agent's a	s registered agent and agree to act and complete performance of my o m Saldana, Asst. Secretary	in this capacity.) famili	her agr
to comply with the property of accept the obligation. 8. The name, title or	ovisions of all statutes relative to the proper stions of my position as registered agent. Adam (Registered agent's a capacity and address of the person(s) who have: Name and Address:	is registered ugent and ugree to act and complete performance of my or Saldana, Asst. Secretary (pages) Shave authority to manage is/are:	in this capacity duties, and I an) famili	her agr
so comply with the print and accept the obligate. 8. The name, title or Title or Capacit.	ovisions of all statutes relative to the proper stions of my position as registered agent. Adam (Registered agent's a capacity and address of the person(s) who have: Name and Address:	is registered ugent and ugree to act and complete performance of my or Saldana, Asst. Secretary (pages) Shave authority to manage is/are:	in this capacity duties, and I an) famili	her agr
so comply with the print and accept the obligate. 8. The name, title or Title or Capacit.	ovisions of all statutes relative to the proper stions of my position as registered agent. Adam (Registered agent's a capacity and address of the person(s) who have: Name and Address: 1. oren Morris 440 S. LaSalle St. Suite 2000	is registered ugent and ugree to act and complete performance of my or Saldana, Asst. Secretary (pages) Shave authority to manage is/are:	in this capacity duties, and I an) famili	her agr
so comply with the print and accept the obligate. 8. The name, title or Title or Capacit.	ovisions of all statutes relative to the proper stions of my position as registered agent. Adam (Registered agent's a capacity and address of the person(s) who have: Name and Address: 1. oren Morris 440 S. LaSalle St. Suite 2000	is registered ugent and ugree to act and complete performance of my or Saldana, Asst. Secretary (pages) Shave authority to manage is/are:	in this capacity duties, and I an) famili	her agr
8. The name, title or Title or Capacit	Adam (Registered agent) capacity and address of the person(s) who have 1. Name and Address: 1. Oren Morris 440 S, LaSalle St. Suite 2000 Chicago, Illinois 50605	is registered ugent and ugree to act and complete performance of my or Saldana, Asst. Secretary (pages) Shave authority to manage is/are:	in this capacity duties, and I an) famili	her agr
8. The name, title or Title or C*pacit General Counsel (Use attachments if no D. Attached is a certification under the	Adam (Registered agent. Adam (Registered agent) capacity and address of the person(s) who have 1. Name and Address: 1. Oren Morris 440 S. LaSalle St. Suite 2000 Chicago, Illinois 50605 eccessary) cate of existence, no more than 90 days old, of law of which it is organized. (If the certificate	in Saldana, Asst. Secretary m Saldana, Asst. Secretary space) schave authority to manage is/are: Title or Capacity:	in this capacity, duties, and I an Name and A	duress:	her agr
8. The name, title or Title or Capacit General Counsel (Use attachments if no D. Attached is a certification under the of the translator must is decomposed).	Adam (Registered agent. Adam (Registered agent) capacity and address of the person(s) who have 1. Name and Address: 1. Oren Morris 440 S. LaSalle St. Suite 2000 Chicago, Illinois 50605 eccessary) cate of existence, no more than 90 days old, of law of which it is organized. (If the certificate	m Saldana, Asst. Secretary m Saldana, Asst. Secretary sparse schave authority to manage is/are: Title or Capacity: duly authenticated by the official hards is in a foreign language, a translation. (1) (b), Florida Statutes, I am aware	Name and A ving custody of on of the certifice that any false is	duress:	in the
8. The name, title or Title or Capacit General Counsel (Use attachments if no Distribution under the of the translator must to Capacit the translator must to Counsel the translator must to Counsel the translator must to Capacit the Capacit	Adam (Registered agent. Adam (Registered agent) capacity and address of the person(s) who have: Name and Address: Loren Morris 440 S. LaSalle St. Suite 2000 Chicago, Illinois 60605 cecessary) cate of existence, no more than 90 days old, of law of which it is organized. (If the certificate be submitted) executed in accordance with section 605,0203 and to the Department of State constitutes a thir	m Saldana, Asst. Secretary m Saldana, Asst. Secretary shave authority to manage is/are: Title or Capacity: ituly authenticated by the official har is in a foreign language, a translation of degree felony as provided for in secretary.	Name and A ving custody of on of the certifice that any false is	duress:	in the
8. The name, title or Title or Capacit General Counsel (Use attachments if no Distribution under the of the translator must to Capacit the translator must to Counsel the translator must to Counsel the translator must to Capacit the Capacit	Adam (Registered agent. Adam (Registered agent) capacity and address of the person(s) who have: Name and Address: Loren Morris 440 S. LaSalle St. Suite 2000 Chicago, Illinois 60605 cecessary) cate of existence, no more than 90 days old, of law of which it is organized. (If the certificate be submitted) executed in accordance with section 605,0203 and to the Department of State constitutes a thir	m Saldana, Asst. Secretary m Saldana, Asst. Secretary sparse schave authority to manage is/are: Title or Capacity: duly authenticated by the official hards is in a foreign language, a translation. (1) (b), Florida Statutes, I am aware	Name and A ving custody of on of the certifice that any false is	duress:	in the
8. The name, title or Title or Capacit General Counsel (Use attachments if no Distribution under the of the translator must to Capacit the translator must to Counsel the translator must to Counsel the translator must to Capacit the Capacit	Adam (Registered agent. Adam (Registered agent) capacity and address of the person(s) who have: Name and Address: Loren Morris 440 S. LaSalle St. Suite 2000 Chicago, Illinois 60605 cecessary) cate of existence, no more than 90 days old, of law of which it is organized. (If the certificate be submitted) executed in accordance with section 605,0203 and to the Department of State constitutes a thir	m Saldana, Asst. Secretary m Saldana, Asst. Secretary shave authority to manage is/are: Title or Capacity: ituly authenticated by the official har is in a foreign language, a translation of degree felony as provided for in secretary.	Name and A ving custody of on of the certifice that any false is	duress:	in the

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CONSTRUCTIVE INSURANCE, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSTRUCTIVE INSURANCE, LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202813378

Date: 06-04-18