

M18000006001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

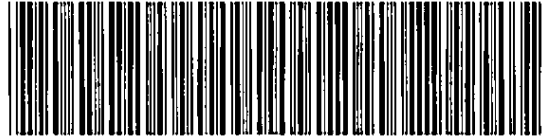
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WESTMONT
ASSOCIATES, INC.

June 22, 2018

via UPS Delivery

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Secretary of State Registration

Re: Nations General Insurance Adjusters, LLC
Foreign LLC Application for Registration

To Whom It May Concern:

Please consider the enclosed Application by Foreign LLC for Authorization to Transact Business In Florida in regard to Nations General Insurance Adjusters, LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Nations General Insurance Adjusters, LLC.

Also included are a certificate of good standing and a check for the \$125 fee for the registration filing.

Thank you for your time and attention. Please contact me directly at 856-216-0220, ext. 213 or at katie@westmontlaw.com should you have any questions or require any additional information.

Sincerely,


Katie Lenguadoro

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONS GENERAL INSURANCE ADJUSTERS, 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:

Katie Lenguadoro

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

mmathis@access.com

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

For further information concerning this matter, please call:

Katie Lenguadoro

856

216-0220

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. NATIONS GENERAL INSURANCE ADJUSTERS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware

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

3. 32-0561373

(FEI number, if applicable)

4. Date of Registration

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

5. Three Ravinia Drive, Suite 400

(Street Address of Principal Office)

Atlanta, GA 30346

6. Three Ravinia Drive, Suite 400

(Mailing Address)

Atlanta, GA 30346

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

Cristie Myers, Assistant Secretary

(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:

Vice President

Donald H Johnson II

3 Ravinia Drive, Suite 400
Atlanta, GA 30346

Secretary

Donna Lupori

3 Ravinia Drive, Suite 400
Atlanta, GA 30346

Treasurer

Jack V. Genovese II

3 Ravinia Drive, Suite 400
Atlanta, GA 30346

Assistant Secretary

Bud Jumper

3 Ravinia Drive, Suite 400
Atlanta, GA 30346

(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

Donald H Johnson II, Vice President

Typed or printed name of signer

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NATIONS GENERAL INSURANCE ADJUSTERS,
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 EIGHTEENTH DAY OF JUNE, A.D. 2018.

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SR# 20185218989

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202908805

Date: 06-18-18