

MI 8000001929

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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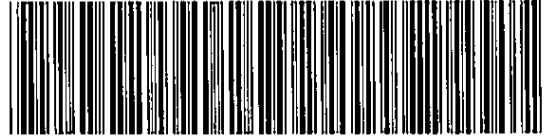
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
JUL 28 2018

GIORDANO, HALLERAN & CIESLA

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

DEBORAH W. SEGNAN
PARALEGAL
dsegnan@ghclaw.com

(732) 741-3900
FAX: (732) 224-6599

www.ghclaw.com

July 20, 2018

Client/Matter No. 19592-0034

VIA FEDERAL EXPRESS

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

FILED
2018 JUL 23 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RE: Filing of Application by Foreign Limited Liability Company for Authorization to Transact Business

Dear Sir or Madam:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for **World Insurance Associates, LLC**, a New Jersey limited liability company (the "Application"). Also enclosed please find a Certificate of Good Standing for World Insurance Associates, LLC issued by the New Jersey Department of Treasury. In addition, please find our check in the amount of \$155.00 which represents the filing fee. Kindly provide us with a certified copy of the Application and forward to my attention via Federal Express. I have enclosed a pre-paid Federal Express air bill and envelope for your use in returning the filed Application to my attention at:

Deborah Segnan
Giordano, Halleran & Ciesla, P.C.
125 Half Mile Road, Suite 300
Red Bank, New Jersey 07701

If you have any questions, please contact me at (732) 741-3900. Thank you.

Very truly yours,

Deborah W. Segnan
DEBORAH W. SEGNAN

Enclosures

cc: Paul T. Colella, Esq.

Does #3304401-v1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: World Insurance Associates, 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:

Deborah Segnan, Paralegal

Name of Person

Giordano, Halleran & Ciesla, PC

Firm/Company

125 Half Mile Road, Suite 300

Address

Red Bank, New Jersey 07701

City/State and Zip Code

philnisbet@worldins.net

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

For further information concerning this matter, please call:

Deborah Segnan

732

741-3900

Name of Contact Person

at ()

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

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TALLAHASSEE FLORIDA

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. World Insurance Associates, 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. New Jersey 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. July 1, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)
5. 656 Shrewsbury Avenue, Suite 200 6. 656 Shrewsbury Avenue, Suite 200
(Street Address of Principal Office) (Mailing Address)
Tinton Falls, NJ 07701 Tinton Falls, NJ 07701
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Paracorp Incorporated
Office Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301
(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.

[Signature] Daniel Steigert Assistant
(Registered agent's signature) 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:
Manager	<u>John Eknoian</u> <u>656 Shrewsbury Ave # 200</u> <u>Tinton Falls, NJ 07701</u>	Manager	<u>Gregory Kroger</u> <u>656 Shrewsbury Ave # 200</u> <u>Tinton Falls, NJ 07701</u>
Manager	<u>Richard Eknoian</u> <u>656 Shrewsbury Ave #200</u> <u>Tinton Falls, NJ 07701</u>	Manager	<u>Philip Nisbet</u> <u>656 Shrewsbury Ave # 200</u> <u>Tinton Falls, NJ 07701</u>

(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]
Signature of an authorized person

Philip Nisbet

Typed or printed name of signer

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TALLAHASSEE FLORIDA

EXHIBIT A

8. NAMES AND ADDRESSES OF ADDITIONAL MANAGERS

<u>NAME</u>	<u>ADDRESS</u>
Edward Wargins	656 Shrewsbury Avenue, #200 Tinton Falls, NJ 07701

Docs #3291152-v1

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

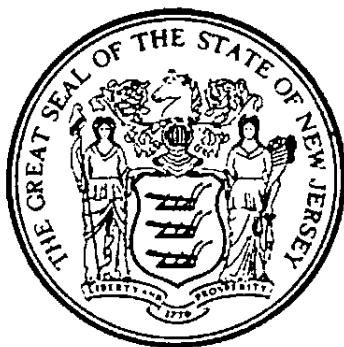
WORLD INSURANCE ASSOCIATES, LLC
0600379424

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 19, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**PHILIP A NISBET
656 SHREWSBURY AVE., SUITE 200
TINTON FALLS, NJ 07701**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
28th day of June, 2018.*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number 6089429018

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp