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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

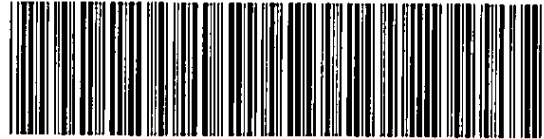
(Document Number)

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2018 AUG 15 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
AUG 23 2018

ENPRO Insurance Services, LLC

175 Vista Lake Cir, Ponte Vedra, FL 32081 | 310.804.7167

July 26, 2018

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Division of Corporations :

ENPRO Insurance Services, LLC is a commercial insurance brokerage owned by Canaan Crouch as the sole managing member. Recently, Canaan Crouch relocated his family to Florida, and is looking to have ENPRO registered in the state of Florida to conduct business.

Enclosed is the application by Foreign Limited Liability Company For Authorization to Transact Business in Florida along with the required Cover Letter. Please expedite processing at your earliest convenience.

Sincerely,



Canaan Crouch

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2018

CANAAN CROUCH
175 VISTA LAKE CIRCLE
PONTE VEDRA, FL 32081

SUBJECT: ENPRO INSURANCE SERVICES, LLC
Ref. Number: W18000070119

We have received your document for ENPRO INSURANCE SERVICES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 318A00015870

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENPRO 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:

Canaan Crouch

Name of Person

ENPRO Insurance Services, LLC

Firm/Company

175 Vista Lake Circle

Address

Ponte Vedra, FL

City/State and Zip Code

canaancrouch@yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Canaan Crouch

310

804-7167

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. ENPRO Insurance Services, 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. Orange County, CA 3. 47-4384302
(Jurisdiction under the law of which foreign limited liability company is organized) (T.E.I. number, if applicable)

4. 7/25/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 175 Vista Lake Circle 6. _____
(Street Address of Principal Office) (Mailing Address)
Ponte Vedra, FL 32081

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

Name: Canaan Crouch
Office Address: 175 Vista Lake Circle
Ponte Vedra, Florida 32081
(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>
<u>Managing Member</u>	<u>Canaan Crouch</u>	_____	_____
	<u>175 Vista Lake Circle</u>	_____	_____
	<u>Ponte Vedra, FL 32081</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 of an authorized person)

Canaan Crouch

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ENPRO INSURANCE SERVICES, LLC

FILE NUMBER: 201517510189
FORMATION DATE: 06/22/2015
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day of
August 14, 2018.

ALEX PADILLA
Secretary of State

RML