

# M1800007776

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000248005 3))



H180002480053ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)280-3338  
Fax Number : (954)208-0845

FILED  
2018 AUG 23 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Sears Insurance Services, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

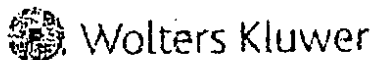
RECEIVED  
2018 AUG 23 AM 8:12

# FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2018-08-23 15:23:55 CST
RE	11127529 - Sears Insurance Services, L.L.C.

## COVER MESSAGE

Robert Sholl  
 Associate Fulfillment Specialist  
 Global Fulfillment Operations  
 CT Corporation  
  
 Team 614-280-3338  
[GlobalFulfillmentTeam@wolterskluwer.com](mailto:GlobalFulfillmentTeam@wolterskluwer.com)



1209 Orange Street Wilmington, DE 19801.  
[www.wolterskluwer.com](http://www.wolterskluwer.com)

**Confidentiality Notice:** This email and its attachments (if any) contain confidential information of the sender. The information is intended only for the use by the direct addressee of the original sender of this email. If you are not an intended recipient of the original sender (or responsible for delivering the message to such person) you are hereby notified that any review, disclosure, copying, distribution or the taking of any action in reliance of the contents of and attachments to this email is strictly prohibited. If you have received this email in error, please immediately notify the sender at the address shown herein and permanently delete any copies of this email (digital or paper) in your possession.

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. Sears Insurance Services, L.L.C. (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. Illinois 3. 36-4287182 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Has this transacted business in Florida, if prior to registration? (See sections 605.0904 & 605.0905, F.S. on delinquent penalty liability))

5. 3333 Beverly Road Hoffman Estates, IL 60179 6. 3333 Beverly Road Hoffman Estates, IL 60179 (Street Address of Principal Office) (Mailing Address)

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

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (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.

By: C T Corporation System Terrie Bates, 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:

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include Manager / VP (Lawrence J. Muerschaert), Manager / President (Gary L. Mitzner), Treasurer (Robert A. Riecker), and Manager / CFO (Robert A. Riecker).

(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 (Handwritten signature of Lawrence J. Muerschaert)

Lawrence J. Muerschaert Typed or printed name of signer

FILED 2018 AUG 23 AM 9:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

File Number

0026102-5



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SEARS INSURANCE SERVICES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 19, 1999, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of AUGUST A.D. 2018 .***



*Jesse White*

SECRETARY OF STATE