## M18000011018

(Requestor's Name)
(Address)
(Address)
(riddless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(40)41 0000
W18000098850

Office Use Only



800319813458

10/23/18--01010--025 \*\*125.00

18 DEC -6 PM 12: 54

SECRETARY OF STATE DIVISION OF CORPORATIONS



### **COVER LETTER**

		ition Section of Corporations	S				
SUBJEC		cialty Advantage	Insurance Services LLC				
500000	···			Limited Liability (	Company		
			ign Limited Liability Comp to register the above refere				
Please re	turn all c	correspondence co	oncerning this matter to the	following:			
		Kathy Ricke					
			Na	ame of Person			
		OneBeacon Serv	vices, LLC				
	Firm/Company						
		605 Highway 16	69 North, Suite 800				
	Address						
		Plymouth, MN	55441				
			City/Si	tate and Zip Code			
	1	kricke@onebeaco	on.com				
	_		E-mail address: (to be used	for future annual	report not	ification)	
For furth	er inforr	nation concerning	this matter, please call:				
	Kathy F	Ricke		952 at (	852-02	11	
	<del></del>	Name of	Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: a of Corporations tion Section x 6327 (see, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
		ck for the followi 00 Filing Fee	ng amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

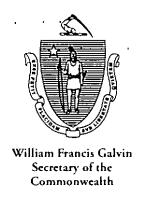
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

4.1	A CONTRACTOR OF	. Th	Tibling Comment of the Charles Comment
	ame adopted for the purpose of transacting business in Florid	3 95-4211696	Liability Campany, LLC, or LLC, )
2. Massachusetts (Jurisdiction under the law of w	high foreign limited flability company is organized)	J.	number, if applicable)
4. Not applicable	(Date first transacted business in Florida of prior to rea	istration.)	
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine		
5 150 Royall Street		6. 150 Royall Street	Address)
(Street Address of I Suite 100	rincipal Office)	Suite 100	Address
Canton, MA 02021		Canton, MA 02021	
		<del></del>	
7 Name and street address	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	. DI (18
7. Ivanie mie <u>su cot attate</u> .	-		<b>18</b>
Name:	Corporation Service Company		<u> </u>
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	6 cr
	1 1111111113500	. Plorida 52501	The Alexander
	(City)		code)
Registered agent's accep		(Zip	· · · · · · · · · · · · · · · · · · ·
Having been named as re	tance: gistered agent and to accept service of pro-	(Zip ocess for the above stated limi	ited liability company of the place
Having been named as re designated in this applica	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as i	Cip ocess for the above stated limit registered agent and agree to	ited liability company of the place act in this capacity. Internal agree
Having been named as red designated in this applica to comply with the provise	tance: gistered agent and to accept service of pro-	Cip ocess for the above stated limit registered agent and agree to	ited liability company of the place act in this capacity. Internal agree
Having been named as red designated in this applica to comply with the provise	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as t ions of all statutes relative to the proper a	(Zip ocess for the above stated limit registered agent and agree to and complete performance of n	ited liability company of the place act in this capacity. Internal agree
Having been named as red designated in this applica to comply with the provise	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as t ions of all statutes relative to the proper a	ocess for the above stated limit registered agent and agree to a nd complete performance of n Gloria Nash Assistant VP	ited liability company of the place act in this capacity. Internal agree
Having been named as redesignated in this applicate to comply with the provisional accept the obligation	tance: registered agent and to accept service of protion, I hereby accept the appointment as toons of all statutes relative to file proper a s of my position as registered agent.  (Registered agent's sig	ocess for the above stated limit registered agent and agree to a nd complete performance of n Gloria Nash Assistant VP	ited liability company of the place act in this capacity. In other agree ny duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capa	tance:  It is tance:  It is gistered agent and to accept service of propertion, I hereby accept the appointment as a sign of all statutes relative to the propertion as registered agent.  (Registered agent's sign of the person(s) who has	ocess for the above stated limit registered agent and agree to and complete performance of a Gloria Nash Assistant VP  have authority to manage is/ar	ited liability company of the place act in this capacity. In the agree ny duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capa Title or Capacity:	tance: registered agent and to accept service of protion, I hereby accept the appointment as a sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's signacity and address of the person(s) who has/	ocess for the above stated limit registered agent and agree to and complete performance of a Gloria Nash Assistant VP  mature)  have authority to manage is/au  Title or Capacity:	ited liability company of the place act in this capacity. In the agree my duties, and I am familiar with e.e. e:  Name and Address:
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capa	tance:  registered agent and to accept service of pro- tion, I hereby accept the appointment as a ions of all statutes relative to file proper a s of my position as registered agent.  (Registered agent's signative and address of the person(s) who has  Name and Address:  Dennis A. Crosby	ocess for the above stated limit registered agent and agree to and complete performance of a Gloria Nash Assistant VP  have authority to manage is/ar	ited liability company of the place act in this capacity. In the agree ny duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capa Title or Capacity:	tance: registered agent and to accept service of protion, I hereby accept the appointment as a sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's signacity and address of the person(s) who has/	ocess for the above stated limit registered agent and agree to and complete performance of a Gloria Nash Assistant VP  mature)  have authority to manage is/au  Title or Capacity:	ited liability company of the place act in this capacity. In the agree my duties, and I am familiar with  e:  Name and Address: Christopher V. Jerry
Having been named as redesignated in this applicate to comply with the provisional accept the obligation  8. The name, title or capatitle or Capacity:  President	egistered agent and to accept service of protion, I hereby accept the appointment as a sign of all statutes relative to the proper as of my position as registered agent.  (Registered agent's sign of the person(s) who has been and Address:  Dennis A. Crosby  1720 Windward Concourse Alpharetta, GA 30005	ccess for the above stated limit registered agent and agree to and complete performance of a Gloria Nash  Assistant VP  Tature)  have authority to manage is/ar Title or Capacity:  Secretary	e:  Christopher V. Jerry  605 Highway 169 North, Ste. 800  Plymouth, MN 55441
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capa Title or Capacity:	tance:  legistered agent and to accept service of presention, I hereby accept the appointment as a sign of all statutes relative to the proper as of my position as registered agent.  (Registered agent's sign of the person(s) who has a new and Address:  Dennis A. Crosby  1720 Windward Concourse Alpharetta, GA 30005  605 Highway 169 North, Ste. 86	ccess for the above stated limit registered agent and agree to and complete performance of a Gloria Nash  Assistant VP  Tature)  have authority to manage is/ar Title or Capacity:  Secretary	e:  Name and Address: Christopher V. Jerry  605 Highway 169 North, Ste. 800  605 Highway 169 North, Ste 800
Having been named as redesignated in this applicate to comply with the provisional accept the obligation  8. The name, title or capatitle or Capacity:  President	egistered agent and to accept service of protion, I hereby accept the appointment as a sign of all statutes relative to the proper as of my position as registered agent.  (Registered agent's sign of the person(s) who has been and Address:  Dennis A. Crosby  1720 Windward Concourse Alpharetta, GA 30005	ccess for the above stated limit registered agent and agree to and complete performance of a Gloria Nash  Assistant VP  Tature)  have authority to manage is/ar Title or Capacity:  Secretary	e:  Christopher V. Jerry  605 Highway 169 North, Ste. 800  Plymouth, MN 55441
Having been named as redesignated in this applicate to comply with the provisional accept the obligation  8. The name, title or capatitle or Capacity:  President	tance:  registered agent and to accept service of pre- tion, I hereby accept the appointment as a ions of all statutes relative to the proper a s of my position as registered agent.  (Registered agent's signacity and address of the person(s) who has  Name and Address:  Dennis A. Crosby  1720 Windward Concourse  Alpharetta, GA 30005  605 Highway 169 North, Ste. 86  Plymouth, MN 55441	ccess for the above stated limit registered agent and agree to and complete performance of a Gloria Nash  Assistant VP  Tature)  have authority to manage is/ar Title or Capacity:  Secretary	e:  Name and Address: Christopher V. Jerry  605 Highway 169 North, Ste. 800  605 Highway 169 North, Ste 800

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.

,

Christopher V. Jerry, Secretary



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

### November 27, 2018

#### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

### SPECIALTY ADVANTAGE INSURANCE SERVICES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 17, 2018.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: JEFFREY RICHARDSON, DENNIS CROSBY

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: JEFFREY RICHARDSON, DENNIS CROSBY, CHRISTOPHER JERRY

The names of all persons authorized to act with respect to real property listed in the most recent filing are: CHRISTOPHER JERRY



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Processed By:sam