

M18000011579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

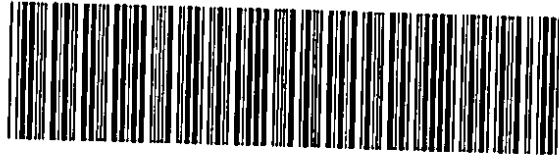
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400321439494

12/10/18--01023--020 \*\*125.00

FILED  
18 DEC 10 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C CAVE

DEC 26 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALLIED UNDERWRITERS, 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:

Mitchell Hendrix

\_\_\_\_\_  
Name of Person

Allied Underwriters, LLC

\_\_\_\_\_  
Firm/Company

1408 N. Westshore Blvd Suite 502

\_\_\_\_\_  
Address

Tampa, FL 33607

\_\_\_\_\_  
City/State and Zip Code

mhendrix@alliedtrustins.com

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

For further information concerning this matter, please call:

Mitchell Hendrix

281 833-1403  
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. ALLIED UNDERWRITERS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")
2. Delaware 3. 47-3927871  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1408 N. Westshore Blvd Suite 502 6. 1408 N. Westshore Blvd Suite 502  
(Street Address of Principal Office) (Mailing Address)  
Tampa, FL 33607 Tampa, FL 33607

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

Name: Mitchell Hendrix

Office Address: 1408 N. Westshore Blvd Suite 502  
Tampa, Florida 33607  
(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.

Mitchell Hendrix  
(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>P</u>	<u>Brian Keefer</u> <u>1408 N. Westshore Blvd Ste-502</u> <u>Tampa, FL 33607</u>	<u>O</u>	<u>Mitch Hendrix</u> <u>1408 N. Westshore Blvd Ste-502</u> <u>Tampa, FL 33607</u>
<u>O</u>	<u>Kamran Virani</u> <u>1408 N. Westshore Blvd Ste-502</u> <u>Tampa, FL 33607</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.

Mitchell Hendrix  
Signature of an authorized person

Mitchell Hendrix  
Typed or printed name of signee

FILED  
18 DEC 10 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

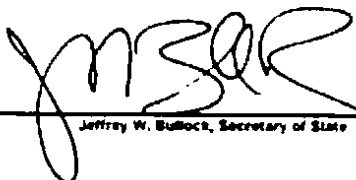
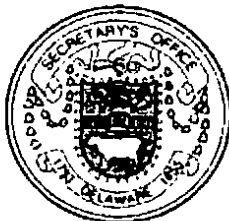
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIED UNDERWRITERS, 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 TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIED UNDERWRITERS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State

5736615 8300

SR# 20187687017

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203959178

Date: 11-26-18