

M18000011607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

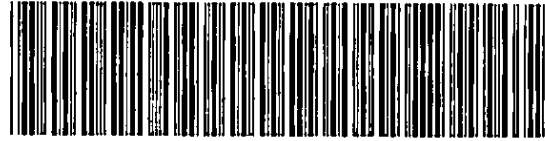
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MR. STYK EMMETT, 2, Dec 28th 2018
2nd DATE 524 12/14/18 11:44pm

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12/07/18--01020--015 **87.50

12/26/18--01023--001 **72.50

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AND
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2018 DEC -7 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/26/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL AUTO INSURANCE USA GROUP

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:

Apollo Arcallana

Name of Person

Firm/Company

299 South Main Street

Address

Salt Lake City, UT, 84111

City/State and Zip Code

apollo@aimediaone.com

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

For further information concerning this matter, please call:

Steve Erlich

Name of Contact Person

at (954)

Area Code

670 8118

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

2016 DEC 21 PM 10:15

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. NATIONAL AUTO INSURANCE USA GROUP 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," "L.L.C.," or "LLC.")

2. WISCONSIN

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-267-8413

(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. 1039 West Manson Street

(Street Address of Principal Office)

Green Bay, WI 54303

6. 800 E Cypress Creek RD, Suite 401

(Mailing Address)

Fort Lauderdale FL 33334

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

Name: Steve Erlich

Office Address: 4107 N 48th Ter

Hollywood

(City)

Florida

33021

(Zip code)

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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.

Steve Erlich

(Registered agent's signature)

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:

Manager

Apollo Arcallana

299 S Main Street, Suite 1300

Salt Lake City, UT 84111

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AND
FILED

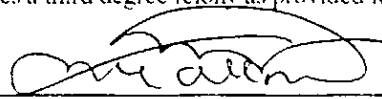
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(Use attachments if necessary)

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

APOLLO ARCALLANA

Typed or printed name of signee

DOM NEW
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

NATIONAL AUTO INSURANCE USA GROUP LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 29, 2018.

I further certify that said Domestic Corporation or Limited Liability Company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats.; and that said corporation or Limited Liability Company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 3, 2018.

A handwritten signature in cursive script, reading "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY:

A handwritten signature in cursive script, likely of the Secretary or another official, positioned below the "BY:" label.