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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Crest Insurance Group of Colorado, 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:

Kenneth Martin
Name of Person

ILSA, Inc.
Firm/Company

111 N Railroad St
Address

Groesbeck, TX 76642
City/State and Zip Code

kmartin@ilsainc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Martin at (254) 729-6106
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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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. Crest Insurance Group of Colorado, 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. CO

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

3. 82-5282091

(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. Colorado Center Tower I

(Street Address of Principal Office)

6. 5285 E. Williams Circle #4500

(Mailing Address)

2000 S. Colorado Blvd. 11100

Tucson, AZ 85711

Denver, CO 80222

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

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221E

Palm Beach Gardens

(City)

, Florida 33410

(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.



Diana Serra, Vice President

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

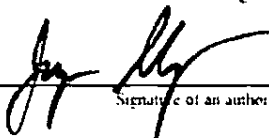
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Crest Insurance Group, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Cody Ritchie</u>
<input checked="" type="checkbox"/> Member	Address: <u>5285 E. Williams Circle #4500</u>	<input type="checkbox"/> Member	Address: <u>5285 E. Williams Circle #4500</u>
<input type="checkbox"/> Authorized	<u>Tucson, AZ 85711</u>	<input type="checkbox"/> Authorized	<u>Tucson, AZ 85711</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Sean Pechan</u>	<input type="checkbox"/> Manager	Name: <u>Mike Ellerson</u>
<input checked="" type="checkbox"/> Member	Address: <u>Colorado Center Tower 1</u>	Member	Address: <u>5285 E. Williams Cir. #4500</u>
<input type="checkbox"/> Authorized	<u>2000 S. Colorado Blvd. Ste 11100</u>	<input checked="" type="checkbox"/> Authorized	<u>Tucson, AZ 85711</u>
Person	<u>Denver, CO 80222</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jerry Shockey</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5285 E. Williams Cir. #4500</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Tucson, AZ 85711</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

x



Signature of an authorized person

Jerry Shockey

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Crest Insurance Group of Colorado, LLC

is a

Limited Liability Company

formed or registered on 04/12/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181305302 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/18/2019 that have been posted, and by documents delivered to this office electronically through 01/22/2019 @ 12:21:59 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/22/2019 @ 12:21:59 in accordance with applicable law. This certificate is assigned Confirmation Number 11342971 .



Jena Griswold

Secretary of State of the State of Colorado

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DENVER, COLORADO