

M19000002833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

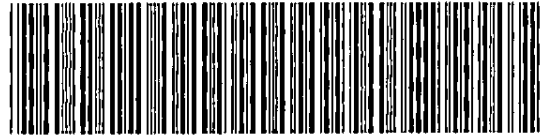
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

penalty W19-26157

Office Use Only



600326162986

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR 15 AM 8:15

FILED

19 APR 15 PM 4:52

19 APR 15 PM 4:52

O. SIMMONS

MAR 25 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2019

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: SHRIVER TRANSPORTATION INSURANCE AGENCY, LLC
Ref. Number: W19000026157

We have received your document for SHRIVER TRANSPORTATION INSURANCE AGENCY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1055.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 619A00005317

19 MAR 22 AM 10:42

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 683974 8187030

AUTHORIZATION

COST LIMIT : \$ 1,210.00

ORDER DATE : March 13, 2019

ORDER TIME : 8:54 AM

ORDER NO. : 683974-055

CUSTOMER NO: 8187030

FOREIGN FILINGS

NAME: SHRIVER TRANSPORTATION
INSURANCE AGENCY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shriver Transportation Insurance Agency, 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:

Victoria Carver

Name of Person

Shriver Transportation Insurance Agency, LLC

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Vicki Carver

630

833-0480

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:

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

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. Shriver Transportation Insurance Agency, 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. Delaware 3. 47-4585314
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/ /2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One Oakbrook Terrace, Suite 209 6. One Oakbrook Terrace, Suite 209
(Street Address of Principal Office) (Mailing Address)

Oakbrook Terrace IL 60181 Oakbrook Terrace IL 60181

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company
By: Emily Croft
(Registered agent's signature)

Emily Croft
Asst. Vice President

FILED
19 APR 15 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Catherine Shriver

☒ Member Address: One Oakbrook Terrace Ste 209

☐ Authorized Oakbrook Terrace, IL 60181

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Charles Shriver

☒ Member Address: One Oakbrook Terrace Ste 209

☐ Authorized Oakbrook Terrace, IL 60181

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Robert Lull

☒ Member Address: 44 Denise Drive

☐ Authorized Kinnelon, NJ 07405

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Michael McDaniels

☒ Member Address: One Oakbrook Terrace Ste 209

☐ Authorized Oakbrook Terrace, IL 60181

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Christopher Lang

☒ Member Address: One Oakbrook Terrace Ste 209

☐ Authorized Oakbrook Terrace, IL 60181

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

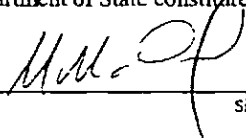
Person _____

☐ Other _____ ☐ 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.



Signature of an authorized person

Michael McDaniels

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHRIVER TRANSPORTATION INSURANCE AGENCY, 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 FIFTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHRIVER TRANSPORTATION INSURANCE AGENCY, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2015.

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



5788725 8300

SR# 20192015702

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202451466

Date: 03-15-19