

M190000003990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

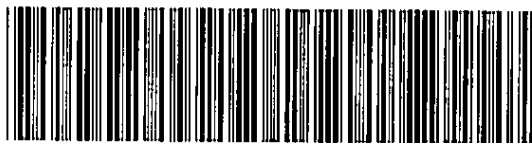
Certified Copies _____ Certificates of Status _____

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W19000037013

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04/10/19--01016--006 **125.00

RECEIVED

2019 APR 19 AM 9:01

FILED

2019 4/22/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Summit Risk Advisors, 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:

Steven Roy

Name of Person

Summit Risk Advisors

Firm/Company

PO Box 1001

Address

Vernon, CT 06066

City/State and Zip Code

steve@sekholdings.com

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

For further information concerning this matter, please call:

Steven Roy

Name of Contact Person

203

Area Code

996-3851

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 FEE



\$125.00 FEE



\$125.00 FEE



\$125.00 FEE

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. Summit Risk Advisors, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3804225
(EFT 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. 251 Little Falls Drive
(Street Address of Principal Office)

6. PO Box 1001
(Mailing Address)

Wilmington, DE 19808

Vernon, CT 06066

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

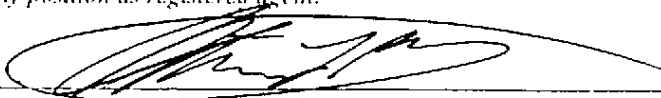
Name: Dunham Insurance Agency

Office Address: 11380 Prosperity Farms Rd, #101

Palm Beach Gardens, Florida 33410
(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.


(Registered agent's signature)

2019 APR 19 AM 9:01
CLERK OF THE
SOLICITOR GENERAL
OFFICE OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

FILED
FILED

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: SEK Holding Co, LLC

☒ Member Address: 919 North Market St

☐ Authorized Suite 425

Wilmington, DE 19801

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____


☐ Authorized _____

☐ 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

Steven L. Roy

Typed or printed name of signee

FAX

Date: 04/19/2019**Pages including cover sheet:** 6

To:	
Phone	
Fax Phone	(850) 245-6030

From:	Steve Roy
	AL
Phone	(954) 666-0750 * 102
Fax Phone	19546660750

NOTE:

Summit Risk Advisors - W19000037013 - Steven Roy 203-996-3851

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMIT RISK ADVISORS 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 TENTH DAY OF APRIL, A.D. 2019.



7307206 8300

SR# 20192735682

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

Authentication: 202620892

Date: 04-10-19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2019

STEVEN ROY
P.O. BOX 1001
VERNON CITY, CT 06066 US

SUBJECT: SUMMIT RISK ADVISORS, LLC
Ref. Number: W19000037013

We have received your document for SUMMIT RISK ADVISORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Zakiya M Brown
Regulatory Specialist II

Letter Number: 719A00007518

STEVEN LOUIS ROY

167 CARRIAGE CROSSING LN.
MIDDLETOWN, CT. 06457-5834

199

DATE

4/8/19

50-1291/219

PAY TO THE
ORDER OF

Florida Department of State

\$ 125.00

One Hundred Twenty Five and 00/100

DOLLARS



Ameritrade

Payable through:
TD Bank USA, N.A.
Member FDIC

MEMO

Summit Business Filing

⑈021962915⑈ 7403429744⑈ 0199