

M19000009858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

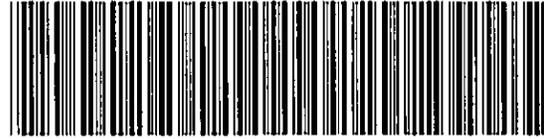
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. BRUCE
OCT 16 2019

COOPER LEVENSON

ATTORNEYS AT LAW

1125 Atlantic Avenue
Atlantic City, NJ 08401
Phone: 609.344.3161
Toll Free: 800.529.3161
Fax: 609.344.0939
www.cooperlevenson.com

KERRI L. KOPERVOS
EMAIL: kkopervos@cooperlevenson.com

Direct Phone (609) 572-7436
Direct Fax (609) 572-7437

FILE NO: 61268-1

September 27, 2019

Florida Department of State
Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32314

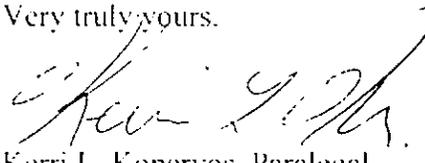
Re: Great Bay Insurance Holding Company LLC

To Whom It May Concern:

Enclosed please find the Application by Foreign Limited Liability Company together with the Good Standing Certificate from the State of Delaware and a check in the amount of \$155. Please return the filed application and Certified Copy to my attention in the envelope provided.

Thank you for your attention to this matter.

Very truly yours,



Kerri L. Kopervos, Paralegal
Michael Salad

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KLK/KLK
Enclosure
CLAC 4163490.2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREAT BAY INSURANCE HOLDING COMPANY, 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:

KERRIL KOPERVOS
Name of Person
COOPER LEVENSON, P.A.
Firm/Company
1125 ATLANTIC AVE., 3RD FLOOR,
Address
ATLANTIC CITY, NJ 08401
City/State and Zip Code
KKOPERVOS@COOPERLEVENSON.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

KERRI KOPERVOS at (609) 572-7436
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. GREAT BAY INSURANCE HOLDING COMPANY, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-0673536
(FEI number, if applicable)

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

5. 8025 Black Horse Pike, Suite 400B
(Street Address of Principal Office)

6. 8025 Black Horse Pike, Suite 400B
(Mailing Address)

Bayport One
West Atlantic City, NJ 08232

Bayport One
West Atlantic City, NJ 08232

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

Name: Timothy J. Byrne, Sr.

Office Address: 4141 Ocean Drive, Unit 509

Vero Beach, Florida 32963
(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.

[Handwritten signature]

(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]:

Title or Capacity: Manager
Name and Address: Name: Timothy J. Byrne, Sr.
 Address: 4141 Ocean Drive, Unit 509
 Vero Beach, FL 32963
 Person _____
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

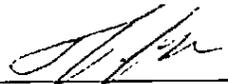
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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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
 Timothy J. Byrne

 Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREAT BAY INSURANCE HOLDING COMPANY, 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-FIFTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREAT BAY INSURANCE HOLDING COMPANY, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2018.

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



6868596 8300

SR# 20197221443

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

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

Authentication: 203665982

Date: 09-25-19