

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Div	ision of Corporation	S						
<b>∮</b> SUBJECT:	NPP Insurance Servi	ices, LLC						
JOBSEC I.	Name of Limited Liability Company							
				ntion to Transact Business in ted liability company to trans				
Please return	all correspondence co	oncerning this matter to the f	ollowing:					
	Brenda Anthony	y						
	Name of Person							
	Central Licensin	ng Bureau						
	Firm/Company							
	1501 N Univers	ity, Suite 550						
	Address							
	Little Rock, AR	72207						
	-	City/Sta	ate and Zip Code					
	kim.fleming@inta	alere.com						
		E-mail address: (to be used	for future annua	report notification)				
or further ir	nformation concerning	this matter, please call:			;; ;;	2019	F7' 5	
Bre	enda Anthony - Centra	l Licensing Bureau	501 at (	664-8044	:-	7019 007	1 ;	
	Name of	Contact Person	Area Code	Daytime Telephone No	ımbér	Co	le E	
Div Reg P.O	ision of Corporations istration Section Box 6327 hahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	-, : : !e	Pri 1: 21	****	
	losed is a check for the	e following amount: le to: FLORIDA DEPART?	MENT OF STA	ГЕ				
$\boxtimes$	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of State		Filing Fee & S160.00 of Statu	_			

# 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:

NPP Insurance Service						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.1C.," or "L1.C.")			
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida The a	Iternate name must include "Limited Liabi	lity Company," "L.	L.C," or '	·LLC."
Washington			83-1774423			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI numbe	r, it applicable)		
·	(Date first transacted business in Florida, if progress	raustration		<del>_</del>		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	ine penalty	liability)			
1100 Olive Way		6.	1100 Olive Way			
(Street Address of F	Principal Office)		(Mailing Addre	ss)	<del></del> _	
Suite 1020			Suite 1020			
Seattle, WA 98101			Seattle, WA 98101			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)		2019	
Name:	NRAI Services, Inc.				001 - 3	
Office Address:	1200 South Pine Island Road				R	1 m
	Plantation		33324 , Florida	· 	<del>ان</del> کا	•
	(Cuy)		(Zip code)	<del></del>		

### 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.

By: Portula Arrhory ast secty
(Registered agents sylmature)

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: Title or Capacity: Name and Address: Name: National Purchasing Partners Manager Manager Manager Name: Address: \_\_ 1100 Olive Way **⊠**Member Member Address: **Suite 1020** Authorized Authorized Seattle, WA 98101 Person Person Other Other Other\_\_\_\_ Other\_ Name: \_\_\_\_\_ Manager Manager Manager Address: \_\_\_\_\_ Member ☐ Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other Other\_\_\_\_ Name: \_\_\_\_\_ Manager Manager Name: Member Address: \_\_\_\_\_ Member Address: Authorized Authorized N Person Person Other Other\_\_\_\_ Other\_\_\_\_ Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Craig Goodrich, Manager of National Purchasing Partners, LLC, Mng Member

Typed or printed name of signee



# Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

### NPP INSURANCE SERVICES, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/27/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/12/2019 UBI Number: 604 322 851

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 09/12/2019