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(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 NOV 18 PM 3:04

FILED





Renee Wake

Insurance Regulatory Professional

317.237.3896 (t)

317.237.3900 (f)

Email: rwake@fbtlaw.com

November 11, 2019

Via Certified Mail

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

FILED
2019 NOV 18 PM 3:04
TALLAHASSEE, FLORIDA

Re: OnPoint Warranty Solutions LLC
Application By Foreign Limited Liability Company
Reference Number: W19000090217
Letter Number: 019A00020800

Dear Ms. Scott:

The OnPoint Warranty Solutions LLC Application By Foreign Limited Liability Company was returned for a certificate of existence issued within the last 90 days by the Secretary of State.

Enclosed please find a copy of your return letter, our application and a copy of a current certificate of existence issued to OnPoint Warranty Solutions LLC, as requested.

Thank you in advance for your time and consideration.

Sincerely,

Renee Wake
Insurance Regulatory Professional

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2019

JENNIFFER BREITENSTEIN
9900 CORPORATE CAMPUS DRIVE
SUITE:2050
LOUISVILLE, KY 40223

SUBJECT: ONPOINT WARRANTY SOLUTIONS LLC
Ref. Number: W19000090217

We have received your document for ONPOINT WARRANTY SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Yvette Scott
Document Specialist II

Letter Number: 019A00020800

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OnPoint Warranty Solutions 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:

Jennifer Breitenstein

Name of Person

OnPoint Warranty Solutions LLC

Firm/Company

9900 Corporate Campus Drive, Suite 2050

Address

Louisville, KY 40223

City/State and Zip Code

jennifer@onpointwarranty.com

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

For further information concerning this matter, please call:

Jennifer Breitenstein

502

233 2757

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

2019 NOV 18 PM 3:04

FILED

TALLAHASSEE, FLORIDA

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. OnPoint Warranty Solutions 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. KY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. NA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, FS, to determine penalty history)

5. 9900 Corporate Campus Drive, Suite 2050

(Street Address of Principal Office)

same

6. _____
(Mailing Address)

Louisville, KY 40223

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

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee, FL, Florida 32312
(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.

Amy Purdy, Assistant Secretary

By: Amy Purdy
(Registered agent's signature)

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: Chris Smith

☐ Member Address: 9900 Corporate Campus Dr.

☐ Authorized #2050

Louisville, KY 40223

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: Jennifer Breitenstein

☐ Member Address: 9900 Corporate Campus Dr.

☐ Authorized #2050

Louisville, KY 40223

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Rob Christian

☐ Member Address: 9900 Corporate Campus Dr.

☐ Authorized #2050

Louisville, KY 40223

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.

Jennifer Breitenstein

signature of an authorized person

Jennifer Breitenstein

Type or printed name of signer

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 220186
Visit <https://app.sos.ky.gov/fishow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky,
do hereby certify that according to the records in the Office of the Secretary of State,

ONPOINT WARRANTY SOLUTIONS LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and
KRS Chapter 275, whose date of organization is April 6, 2018 and whose period of
duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been
paid; that articles of dissolution have not been filed; and that the most recent annual
report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal
at Frankfort, Kentucky, this 10th day of September, 2019, in the 228th year of the
Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
220186/1017210