

m20000002349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

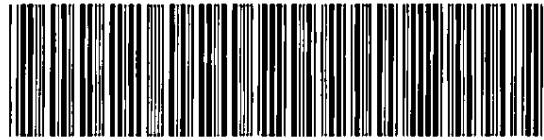
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HBC Atlantic, 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:

Kristina Martin

Name of Person

HBC Insurance Marketing, LLC

Firm/Company

8440 Woodfield Crossing Blvd., Suite 375

Address

Indianapolis, IN 46240

City/State and Zip Code

admin@harperbrowninsurance.com

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

For further information concerning this matter, please call:

<u>Kristina Martin</u>	at (<u>317</u>)	<u>575-5505</u>	<u>ext. 5508</u>
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**

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. HBC Atlantic, 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. Indiana 3. 84-4188358
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 8440 Woodfield Crossing Blvd., Suite 375 6. 5868 E. 71st Street, Suite E-651
(Street Address of Principal Office) (Mailing Address)

Indianapolis, IN 46240 Indianapolis, IN 46220

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

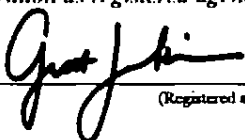
Name: Grant Jenkins

Office Address: 140 N. Westmonte Drive, Suite 204

Altamonte Springs, Florida 32714
(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)

FILED
2021 FEB 18 P 2 01
CLERK OF CIRCUIT COURT
JANET K. ROSE, CLERK

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: Grant Jenkins

☐ Member Address: 8440 Woodfield Crossing Blvd.

☐ Authorized Suite 375

Person Indianapolis, IN 46240

☐ Other _____ ☐ Other _____

☐ Manager Name: Michael Will

☐ Member Address: 8440 Woodfield Crossing Blvd.

☐ Authorized Suite 375

Person Indianapolis, IN 46240

☒ Other Treasurer ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Jennifer Whitlow

☐ Member Address: 8440 Woodfield Crossing Blvd.

☐ Authorized Suite 375

Person Indianapolis, IN 46240

☒ Other Assistant Manager ☐ Other _____

☐ Manager Name: Dino Balani

☐ Member Address: 140 N. Westmonte Drive Ste. 204

☐ Authorized Alamonte Springs, FL 32714

Person _____

☒ Other Assistant Manager ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

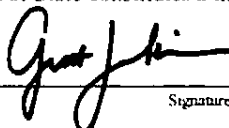
Person _____

☐ 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

Grant Jenkins

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HBC ATLANTIC, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 18, 2019, and was in existence or authorized to transact business in the State of Indiana on February 13, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 13, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201912181362815 / 20201310932

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 14, 2020.