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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

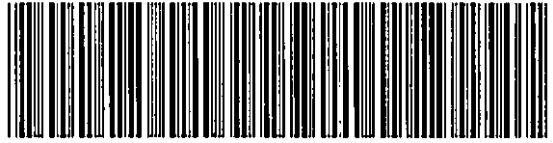
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 29 2020

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2020

JUL 9 2020



June 25, 2020

The Centre of Tallahassee
Division of Corporations
Registration Section
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: **LaBarre/Oksnee Insurance Agency, Inc.**
Application by Foreign LLC to File Amendment

To Whom It May Concern:

Enclosed please find an **Application by Foreign LLC to File Amendment** for our client, **LaBarre/Oksnee Insurance Agency, Inc.** Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
service@licenseologix.com
(800) 292-0909

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LaBarre/Oksnee Insurance Agency, 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:

Shayna Desai
Name of Person

LicenseLogix
Firm/Company

140 Grand St, Ste 300
Address

White Plains, NY 1060
City/State and Zip Code

katiew@hoa-insurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shayna Desai at (800) 292-0909
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. LaBarre/Oksnee Insurance Agency, L.L.C.
(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. DE 33-0734333
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 30 Enterprise, Suite 180
(Street Address of Principal Office)
Aliso Viejo CA 92656
6. 30 Enterprise, Suite 180
(Mailing Address)
Aliso Viejo CA 92656

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

Name: HATCH, JOHN D.
Office Address: 1267 BERKSHIRE LANE, SUITE 200
TARPON SPRINGS, Florida 34688
(City) (Zip code)

Vertical stamp: JAN 29 10 53 AM '99

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 of John D. Hatch
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: 92656 Associates, Inc. _____	<input type="checkbox"/> Manager	Name: 1251 Distribution Insurance Platf _____
<input checked="" type="checkbox"/> Member	Address: 30 Enterprise, Suite 180 _____	<input checked="" type="checkbox"/> Member	Address: 83 Newbury Street, 3rd Floor _____
<input type="checkbox"/> Authorized	Aliso Viejo, CA 92656 _____	<input type="checkbox"/> Authorized	Boston, MA 02116 _____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Scott Oksnee _____	<input type="checkbox"/> Manager	Name: Steven Curtis Labarre _____
<input type="checkbox"/> Member	Address: 30 Enterprise, Suite 180 _____	<input type="checkbox"/> Member	Address: 30 Enterprise, Suite 180 _____
<input type="checkbox"/> Authorized	Aliso Viejo, CA 92656 _____	<input type="checkbox"/> Authorized	Aliso Viejo, CA 92656 _____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other President/CEO _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Secretary _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Scott Oksnee

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LABARRE/OKSNEE INSURANCE AGENCY, 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 NINETEENTH DAY OF MAY, A.D. 2020.

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



7677572 8300

SR# 20204197046

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: 202958141

Date: 05-19-20