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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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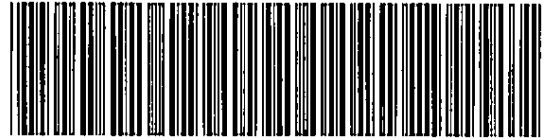
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUL 28 PM 3:13
TALLAHASSEE, FLORIDA

(11-111)

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8/8/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XPT Partners, 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:

Amber Austin

Name of Person

Insurance Licensing Services of America, Inc.

Firm/Company

111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip Code

rcrowell@xptspecialty.com

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

For further information concerning this matter, please call:

Amber Austin

254

729-6106

at ()

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

2020 JUL 28 PM 3:13

FILED

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. XPT Partners, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DE 3. 84-2849287
(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. 50 Brewery Street, Suite 8476 6. 50 Brewery Street, Suite 8476
(Street Address of Principal Office) (Mailing Address)
New Haven, CT 06530 New Haven, CT 06530

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

Name: Corporate Creations Network Inc.
Office Address: 801 US Highway 1
North Palm Beach, 33408
_____, Florida _____
(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.

By: Carlos M Alvarez, Special Secretary 
(Registered agent's signature)

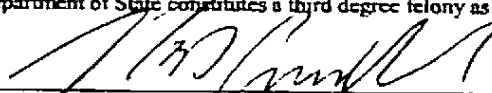
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|---|--|---|
| <input checked="" type="checkbox"/> Manager | Name: <u>XPT Group LLC</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Thomas Ruggieri</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>50 Brewery Street, Suite 8476</u> | <input type="checkbox"/> Member | Address: <u>50 Brewery Street, Suite 8476</u> |
| <input type="checkbox"/> Authorized | <u>New Haven, CT 06530</u> | <input type="checkbox"/> Authorized | <u>New Haven, CT 06530</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>CEO</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Robert Crowell</u> | <input type="checkbox"/> Manager | Name: <u>Landon Parnell</u> |
| <input type="checkbox"/> Member | Address: <u>50 Brewery Street, Unit 8476</u> | <input type="checkbox"/> Member | Address: <u>50 Brewery Street, Unit 8476</u> |
| <input checked="" type="checkbox"/> Authorized | <u>New Haven, CT 06530</u> | <input type="checkbox"/> Authorized | <u>New Haven, CT 06530</u> |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>EVP</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>EVP</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Kyle Stevens</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>50 Brewery Street, Unit 8476</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>New Haven, CT 06530</u> | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>EVP</u> | <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
Robert Crowell

 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 "XPT PARTNERS, 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 TWENTIETH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XPT PARTNERS, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2019.

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

2020 JUL 28 PM 3:14
SECRETARY'S OFFICE
DELAWARE



7569270 8300

SR# 20206312854

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203313527

Date: 07-20-20