

US
10/28/20



NMLS #130562

October 23, 2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attention: Yvette Scott

RE: Application by Foreign LLC for Authorization to Transact Business in Florida

Ms. Scott:

Enclosed, please find the Application by Foreign LLC for Authorization to Transact Business in Florida for Partners Insurance Agency, LLC, with the required corrections.

Should you have any questions or concerns, please contact me at talmeida@smprate.com/734.335.4602.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Thayne Almeida", is written over a horizontal line.

Thayne Almeida, Esq.
Corporate Counsel



1200 S. Sheldon Rd. Suite 150
Plymouth, MI 48170

SuccessMortgagePartners.com
Phone: (734) 259-0880
Fax: (734) 468-0815

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARTNERS 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:

MADONNA BLANCHARD

Name of Person

PARTNERS INSURANCE AGENCY, LLC.

Firm/Company

1200 SOUTH SHELDON ROAD, SUITE 150

Address

PLYMOUTH MI 48170

City/State and Zip Code

MBLANCHARD@SMPRATE.COM

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

For further information concerning this matter, please call:

MADONNA BLANCHARD

734

927-9881

Name of Contact Person

at ()

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. PARTNERS INSURANCE AGENCY, LLC.

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

Partners I. A., L.L.C.

(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.")

Michigan

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (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))

1200 South Sheldon Road, Suite 150

5. (Street Address of Principal Office)

Plymouth MI 48170

1200 South Sheldon Road, Suite 150

6. (Mailing Address)

Plymouth MI 48170

Attention: Madonna Blanchard

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

32301

(City)

Florida (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.

Doreen S. Haeselin Asst. V.P.

(Registered agent's signature)

Doreen S. Haeselin, Asst. VP

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>Owen V. Lee</u>	<input type="checkbox"/> Manager	Name: <u>Madonna Blanchard</u>
<input type="checkbox"/> Member	Address: <u>1200 South Sheldon Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>1200 South Sheldon Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 150, Plymouth MI 48170</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 150, Plymouth MI 48170</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 _____
<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 _____

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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.

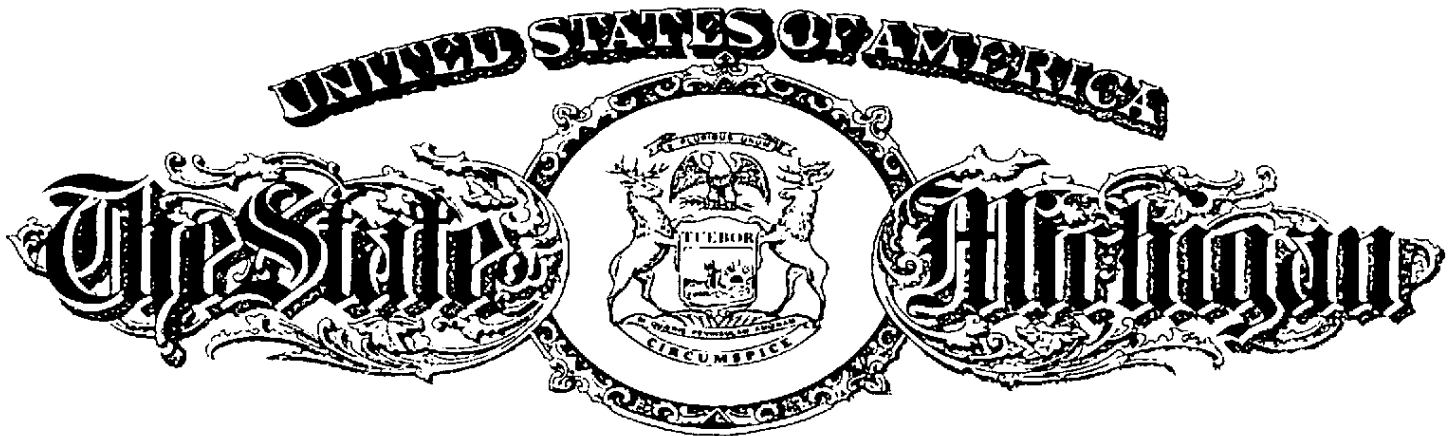
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Madonna Blanchard
Signature of an authorized person

Madonna Blanchard

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PARTNERS INSURANCE AGENCY, LLC.

was validly authorized on February 5, 2019, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

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This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 20104386820

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 23rd day of October, 2020.

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau