

11/12/2020

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Division of State
Corporations
Electronic Filing Cover SheetRESUBMIT: Please use the
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2020 NOV 13 PM 2:48

**Foreign Limited Liability Company
PROMATIC ASSURANCE SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2020 NOV 12 PM 2:48

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Corporate Filing Menu

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SBF
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Promatic Insurance Services, 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.

Rebecca Lewis

Name of Person

Clark Hill PLC

Firm/Company

301 Grant Street, 14th Floor

Address

Pittsburgh, PA 15219

City/State and Zip Code

jimmy.benaudis@gmail.com

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

For further information concerning this matter, please call.

Rebecca Lewis

412

394-7742

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

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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. Promatic Assurance Services, 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. Delaware

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

85-3832596

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)

990 Biscayne Boulevard, #701

5. (Street Address of Principal Office)

Miami, FL 33132

990 Biscayne Boulevard, #701

6.

(Mailing Address)

Miami, FL 33132

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

Name:

Corporation Service Company

Office Address

1201 Hays Street

Tallahassee

(City)

, Florida

32301

(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.

Corporation Service Company

By:

(Registered agent's signature)

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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. Haim Benaudis

☐ Member Address. 990 Biscayne Boulevard

☐ Authorized #701

Person Miami, FL 33132

☐ Other _____ ☐ Other _____

☐ Manager Name. _____

☐ Member Address. _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name. _____

☐ Member Address. _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name. _____

☐ Member Address. _____

☐ Authorized _____

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.

/s/ Haim Benaudis

Signature of an authorized person.

Haim Benaudis

Typed or printed name of signee

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Delaware

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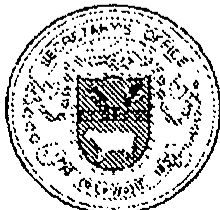
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROMATIC ASSURANCE SERVICES, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROMATIC ASSURANCE SERVICES, LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 2020.

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

11/13/2020

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

4100795 8300

SR# 20208343201

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

Authentication: 204055525

Date: 11-11-20