Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000078443 3)))



H210000784433ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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

Foreign Limited Liability Company Mutual of America Insurance Agency LLC

Certificate of Status	Ú
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN	TIMITED HARILITY
CCM-PANN'TO TRANSACTRI NINTEN IN THE STATE OF FLORIDA:	

_	Lumted Labridy Company; most metode "Lum			
DE	mine adopted for the purpose of transacting business in the control of the contro	Florida The	Alternace nome most include "Lumited Lobil 84-3762372 (Etaluanteer)	
upon úting	(Date instrumented business in Therida; if prac-	ao reposituitos	7)	2021 FEB
320 Park Avenue, New 5. (Succi Address of Principal Office)	(Nee security (Ph. 1994 & 1915 (1991)), F.N. to delet	minė penalti 6.	320 Park Avenue, New York,	
7. Name and street address	s of Florida registered agent* (P.O. Bo	ox <u>NOT</u> .	acceptable)	一 二 二
Name:	Amy Eisinger			
Office Address:	1150 Broken Sound Parkway, NW			
	Boca Raton (Cris)		. Florida 33487	

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.

	Amy Eisinger	A	
By:	- /3		
 -		eri agenti agratuti	

To: 18506176383

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:	Title or Capacity:	Name and Address:
☑Manager	Name: William Rose	Manager	Name: Scott H. Rothstein
⊡Member	Address:	□Member	Address:
⊡Authorized	320 Park Avenue, New York, NY 10022	□Authorized	320 Park Avenue, New York, NY 10022
Person		Person	
Other		□Other	Other
≅ Manager	Name: Aferdita Gutierrez	□Manager	Name:
_Member	Address:	⊒Member	Address:
	320 Park Avenue, New York, NY 10022	☐Authorized	2021
Person		Person	
□Other	Other	□Other	The state of the s
⊒Manager	Name:	∃Manager	Name: 4: 53
□ Member	Address:	⊒Member	Address:
_Authorized		∃Authorized	
Person		Person	
Other	Other	□Other	□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

William Ring		
-	Signature of an authorized person	· · · · · · · · · · · · · · · · · · ·
William Rose	land a series of the series of	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

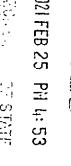
DELAWARE, DO HEREBY CERTIFY "MUTUAL OF AMERICA INSURANCE AGENCY

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 SIXTEENTH DAY OF FEBRUARY, A.D. 2021.

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



Authentication: 202523973

Date: 02-16-21