

MAI 000008020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

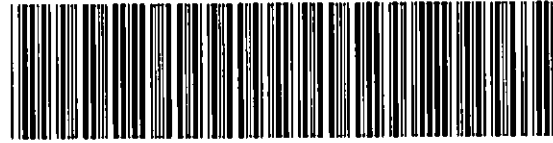
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 JUN 24 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FL

RECORDED
2021 JUN 24 PM 4:22
ADMINISTRATIVE

[Handwritten signature]

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 878850 6864A

AUTHORIZATION :



COST LIMIT : \$ 125,000

ORDER DATE : June 24, 2021

ORDER TIME : 1:03 PM

ORDER NO. : 878850-005

CUSTOMER NO: 6864A

FOREIGN FILINGS

NAME: TRUSTED RESOURCE INSURANCE
AGENCY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trusted Resource 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:

Name of Person
Cozen O'Connor
Firm/Company
1001 Conshohocken State Road, STE 2-400
Address
West Conshohocken, PA 19428
City/State and Zip Code
Lauren.Johnson@homesite.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda M. Lee at (610) 941-2378

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. Trusted Resource Insurance Agency, 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 3. 87-1316539
(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. 1000 N Ashley Drive
(Street Address of Principal Office)

Ste 425
Tampa, FL 33602

6. 1000 N Ashley Drive
(Mailing Address)

Ste 425
Tampa, FL 33602

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)

FILED
2021 JUN 24 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FL

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)

Shiranda E. Robinson
Shiranda Robinson, Assistant Vice President

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: Steven Carlsen

☐ Member Address: 1000 N Ashley Drive

☐ Authorized Ste 425

Person Tampa, FL 33602

☐ Other ☐ Other

☒ Manager Name: Fabien Fondriest

☐ Member Address: 1000 N Ashley Drive

☐ Authorized Ste 425

Person Tampa, FL 33602

☐ Other ☐ Other

☒ Manager Name: Michael D. Lorion

☐ Member Address: 1000 N Ashley Drive

☐ Authorized Ste 425

Person Tampa, FL 33602

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Kerry Emanuel

☐ Member Address: 1000 N Ashley Drive

☐ Authorized Ste 425

Person Tampa, FL 33602

☐ Other ☐ Other

☒ Manager Name: David Holman

☐ Member Address: 1000 N Ashley Drive

☐ Authorized Ste 425

Person Tampa, FL 33602

☐ Other ☐ Other

☒ Manager Name: David Winokur

☐ Member Address: 1000 N Ashley Drive

☐ Authorized Ste 425

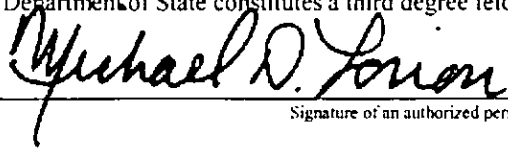
Person Tampa, FL 33602

☐ 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.


Signature of an authorized person

Michael D. Lorion

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 "TRUSTED RESOURCE 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUSTED RESOURCE INSURANCE AGENCY, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2021.

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



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

6016033 8300

SR# 20212539062

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

Authentication: 203524636

Date: 06-24-21

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Linda M. Lee, Paralegal

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Cozen O'Connor

Firm/Company

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Address

West Conshohocken, PA 19428

City/State and Zip Code

Lauren.Johnson@homesite.com

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

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Linda M. Lee at (610) 941-2378

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Registration Section
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