

MA1000009535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

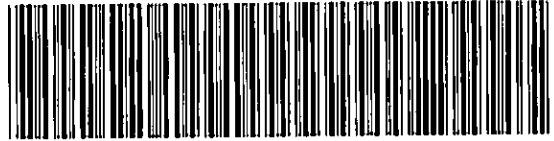
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

Handwritten signature

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

ACCOUNT NO. : I20000000195

REFERENCE : 926693 8070535

AUTHORIZATION :

COST LIMIT : \$125,000 *12/2/21*

ORDER DATE : July 23, 2021

ORDER TIME : 2:13 PM

ORDER NO. : 926693-005

CUSTOMER NO: 8070535

FOREIGN FILINGS

NAME: ASSETSURE, 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: AssetSure, 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:

Kaitlin Knecht
Name of Person

AssetSure, LLC
Firm/Company

1301 Wrights Lane East
Address

West Chester, PA 19380
City/State and Zip Code

kknecht@assetsuregroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaitlin Knecht at (610) 692-0953
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. AssetSure, 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. Pennsylvania 3. 23-3073028
(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. 1301 Wrights Lane East 6. 1301 Wrights Lane East
(Street Address of Principal Office) (Mailing Address)

West Chester, PA 19380

West Chester, PA 19380

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: Alexis Weibull, assistant vice president
(Registered agent's signature)

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TALLAHASSEE, FL

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: Tara Bramwell

☒ Member Address: 1301 Wrights Lane East

☐ Authorized West Chester, PA 19380

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Philip J. Harvey Jr.

☒ Member Address: 1301 Wrights Lane East

☐ Authorized West Chester, PA 19380

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Erin Thornton

☒ Member Address: 1301 Wrights Lane East

☐ Authorized West Chester, PA 19380

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jill Hough

☒ Member Address: 1301 Wrights Lane East

☐ Authorized West Chester, PA 19380

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Colleen Tegler

☒ Member Address: 1301 Wrights Lane East

☐ Authorized West Chester, PA 19380

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Philip J. Harvey Sr.

☒ Member Address: 1301 Wrights Lane East

☐ Authorized West Chester, PA 19380

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.

Tara Bramwell
Signature of an authorized person

Tara Bramwell
Typed or printed name of signer

Managing Member

6/17/2021

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/26/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AssetSure, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in black ink, reading "Veronica W. Desrosiers".

Acting Secretary of the Commonwealth

Certification Number: TSC210726120920-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>