

M21000010909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

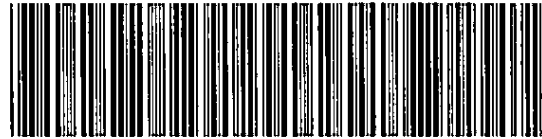
(Document Number)

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2021 AUG 18 PM 12:15
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OF MASSACHUSETTS

AUG 20 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WealthPlan Risk Management 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:

Alison Klein

Name of Person

Insurance Compliance Center, Inc.

Firm/Company

1 Diamond Causeway, Suite 21-265

Address

Savannah, GA 31406

City/State and Zip Code

alison@inscomply.com

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

For further information concerning this matter, please call:

Alison Klein

Name of Contact Person

at (912)

Area Code

353-7013

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. WealthPlan Risk Management 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. New York

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

3. 85-3514342

(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. 3370 NE 190th Street

(Street Address of Principal Office)

6. 3370 NE 190th Street

(Mailing Address)

Apt. 712

Apt. 712

Miami, FL 33180-2407

Miami, FL 33180-2407

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

Name:

COGENCY GLOBAL INC.

Office Address:

115 North Calhoun St. Suite 4

Tallahassee

(City)

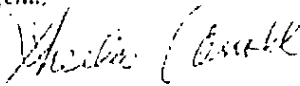
Florida

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.



(Registered agent's signature)

Sheila Carroll, Assistant Secretary

2021 AUG 18 AM 12:15
CLERK OF STATE
TALLAHASSEE, FL 32301

FILED

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: David Warshaw

☐ Member Address: 3370 NE 190th Street

☐ Authorized Miami, FL 33180-2407

Person _____

☐ 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 _____

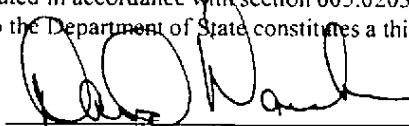
Person _____

☐ 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.



Signature of an authorized person

David Warshaw

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: WEALTHPLAN RISK MANAGEMENT LLC
DOS ID Number: 5859877
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/19/2020

Statement Status: CURRENT
Statement Due Date: 10/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on August 06, 2021 at 03:52 P.M.

ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State



Insurance Compliance Center

August 13, 2021

Registration Section
Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: **Application for Foreign Authority; WealthPlan Risk Management LLC**

Dear Sir or Madam:

Please find enclosed with this letter what we believe to be a complete and accurate Application by A Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of WealthPlan Risk Management LLC along the necessary fees and attachments.

Based on the above, I would like to respectfully request your review of the enclosed materials and if all meets with your approval, the issuance of their Foreign Authority. During your review, should you find you have questions, please feel free to contact us as our company has been retained to represent WealthPlan Risk Management LLC in this matter.

I do appreciate your assistance in this matter and look forward to your response.

Respectfully,

Alison Klein
Insurance Licensing Specialist
Insurance Compliance Center, Inc.
Alison@inscomply.com

AGK: sm
Enclosure

RECEIVED
AUG 18 2021

1 Diamond Causeway, Suite 21265, Savannah, GA 31406
(912) 353-7013
Fax (912) 354-4615