

M21000014533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2021 NOV -1 PM 1:41

NOV -2 2021
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notting Hill Risk Retention Group, 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:

Pamela Lanese

Name of Person

Risk Services, LLC

Firm/Company

1605 Main Street Suite 800

Address

Sarasota, FL, 34236

City/State and Zip Code

planese@pboa.com

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

For further information concerning this matter, please call:

Pamela Lanese

Name of Contact Person

941

at ()

Area Code

373 - 1147

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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Notting Hill Risk Retention Group, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Alabama

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

3. 87-1031266

(FEI number, if applicable)

4. 04/01/2021

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 445 Dexter Avenue, Ste. 9075

(Street Address of Principal Office)

Montgomery, AL 36104

6. 1605 Main Street, Suite 800

(Mailing Address)

Sarasota, FL 34236

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

Name: Florida Chief Financial Officer

Office Address: FLOIR, 200 East Gaines Street

Tallahassee

(City)

Florida 32399

(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)

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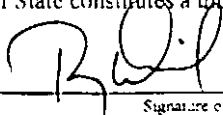
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Chaim Raskin		<input type="checkbox"/> Manager	Name:	B. Troy Winch	
<input type="checkbox"/> Member	Address:	1267 Willis Street, Ste. 200		<input type="checkbox"/> Member	Address:	1605 Main Street, Suite 800	
<input type="checkbox"/> Authorized		Redding, CA 96001		<input type="checkbox"/> Authorized		Sarasota, FL 34236	
Person				Person			
<input checked="" type="checkbox"/> Other	President		<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	Asst. Secretary		<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	Yeruchem Shapiro		<input checked="" type="checkbox"/> Manager	Name:	Douglas Bryan Hughes	
<input type="checkbox"/> Member	Address:	700 N. Brand Blvd., #1400		<input type="checkbox"/> Member	Address:	949 Mountain Branch Drive	
<input type="checkbox"/> Authorized		Glendale, CA 91203		<input type="checkbox"/> Authorized		Vestavia, AL 35226	
Person				Person			
<input checked="" type="checkbox"/> Other	Treasurer		<input checked="" type="checkbox"/> Other	Secretary		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other			<input type="checkbox"/> Other				<input type="checkbox"/> 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

Troy Winch

Typed or printed name of signee

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FILED

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Notting Hill Risk Retention
Group, LLC was formed in Alabama, Alabama on April 1, 2021. The Alabama
Entity Identification number for this entity is 844-548. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20210917000005774

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

09/17/2021

Date

A handwritten signature in black ink, appearing to read 'J. H. Merrill', is written over a horizontal line.

John H. Merrill

Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2021

PAMELA LANESE
RISK SERVICES, LLC
1605 MAIN STREET SUITE 800
SARASOTA, FL 34236

SUBJECT: NOTTING HILL RISK RETENTION GROUP, LLC
Ref. Number: W21000135725

We have received your document for NOTTING HILL RISK RETENTION GROUP, LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00.

The form you submitted is for a Foreign Profit Corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

Foreign Profit Corporation Foreign LLC

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 621A00024822

RECEIVED

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