

MA1000017104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

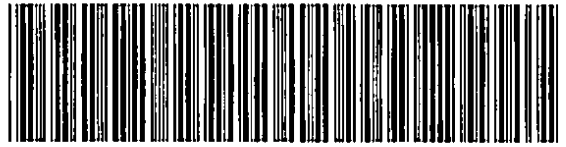
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700377936387

12/13/21--01010--014 **135.00

FILED
2021 DEC 13 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMMODORE INSURANCE HOLDINGS, 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:

Leeza Andersen
Name of Person

The Andersen Firm
Firm/Company

7771 W. Oakland Park Blvd, Ste 228
Address

Sunrise, FL 33351
City/State and Zip Code

LLCAdmin@TAF.law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leeza Andersen at (866) 2302206
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. COMMODORE INSURANCE HOLDINGS, 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. Wyoming

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

3. _____

(FEF number, if applicable)

4. October 14, 2021

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

5. 3410 Ridgewood Rd. NW

(Street Address of Principal Office)

Atlanta, GA 30327

6. The Andersen Firm

(Mailing Address)

7771 W. Oakland Park Blvd, Ste 228

Sunrise, FL 33351

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

Name: Leeza Andersen

Office Address: 7771 W. Oakland Park Blvd, Ste 228

Sunrise, Florida 33351

(City)

(Zip code)

FILED
2021 DEC 13 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Leeza Andersen
(Registered agent's signature)

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: Leeza Andersen

☐ Member Address: The Andersen Firm

☒ Authorized 7771 W. Oakland Park Blvd, Ste 228

Sunrise, FL 33351

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: ANNELI HENRIKSSON

☐ Member Address: 3410 Ridgewood Rd NW

☐ Authorized Atlanta, GA 30327

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: AH LIVING TRUST

☒ Member Address: 3410 Ridgewood Rd NW

☐ Authorized Atlanta, GA 30327

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: ULF HENRIKSSON

☐ Member Address: 3410 Ridgewood Rd NW

☐ Authorized Atlanta, GA 30327

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: UH LIVING TRUST

☒ Member Address: 3410 Ridgewood Rd NW

☐ Authorized Atlanta, GA 30327

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: FELIX HENRIKSSON

☒ Member Address: 3410 Ridgewood Rd NW

☐ Authorized Atlanta, GA 30327

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.

Leeza Andersen
Signature of an authorized person

Leeza Andersen

Typed or printed name of signee

ADDITIONAL MEMBERS:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>WILLIAM HENRIKSSON</u>
<input checked="" type="checkbox"/> Member	Address: <u>3410 Ridgewood Rd NW</u>
<input type="checkbox"/> Authorized	<u>Atlanta, GA 30327</u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>VICTOR HENRIKSSON</u>
<input checked="" type="checkbox"/> Member	Address: <u>3410 Ridgewood Rd NW</u>
<input type="checkbox"/> Authorized	<u>Atlanta, GA 30327</u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Commodore Insurance Holdings, LLC

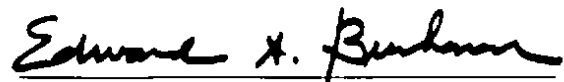
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 22, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000795013**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of December, 2021 at 10:22 AM. This certificate is assigned ID Number 048554939.




Secretary of State