

3/21/22 5:53 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000105076 3)))



H220001050763ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
CROSSCOVER INSURANCE SERVICES, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

S. FRANKLIN
MAR 23 2022

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0062, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Crosscover Insurance Services, LLC

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

2. Delaware

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

3. 85-4389455

(FBI number, if applicable)

4. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0064 & 605.0065 F.S. to determine primary liability.)

5. 17302 House & Hahl Road Suite 200

(Street Address of Principal Office)

6. 1201 19th Place Suite A110

(Mailing Address)

Cypress, TX 77433

Vero Beach, FL 32960

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

C T Corporation System

By: Michele Holden

Michele Holden, Assistant Secretary

(Registered agent's signature)

2022 MAR 22

AM 12:34

03/21/2022

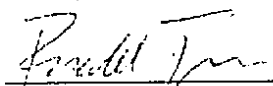
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Scott Hanson</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>17302 House & Hahl Rd., Ste</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Cypress, TX 77433</u> | <input type="checkbox"/> Authorized | _____ |
| <input type="checkbox"/> Person | _____ | <input type="checkbox"/> Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Orchid Underwriters Agency</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>1201 19th Place, Suite A110</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Vero Beach, FL 32960</u> | <input type="checkbox"/> Authorized | _____ |
| <input type="checkbox"/> Person | _____ | <input type="checkbox"/> Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <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 | _____ |
| <input type="checkbox"/> Person | _____ | <input type="checkbox"/> Person | _____ |
| <input type="checkbox"/> Other _____ | <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

Ronald Terzer, Authorized Person

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 "CROSSCOVER INSURANCE SERVICES, 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-FIRST DAY OF MARCH, A.D. 2022.

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

2022 MAR 22 AM 12:34



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

3003329 8300

SR# 20221087728

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

Authentication: 202963654

Date: 03-21-22