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(Address)

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(City/State/Zip/Phone #)

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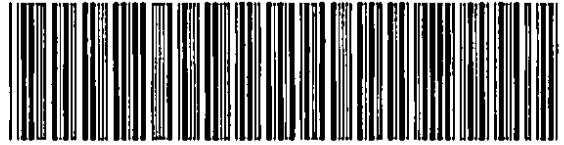
(Business Entity Name)

(Document Number)

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S. ROBERTS

JUL 11 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Broad Street Brokerage Insurance Agency, LLC

**SUBJECT:** \_\_\_\_\_  
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:

**Michael Riley**

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Name of Person

Encova Insurance

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Firm/Company

400 Quarrier Street

---

Address

Charleston, WV 25301

City/State and Zip Code \_\_\_\_\_

mike.riley@encova.com

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

For further information concerning this matter, please call:

**Mike Riley**

Mike Riley at ( 304 ) 941-1025

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. Broad Street Brokerage Insurance Agency, 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. Ohio 3. 31-1783451  
(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. 471 E Broad Street 6. 471 E Broad Street  
(Street Address of Principal Office) (Mailing Address)  
Columbus, OH 43215 Columbus, OH 43215

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)

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JUL 11 2022  
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.*

Corporation Service Company  
By: Mikayla M. Lewis Mikayla M. Lewis, Assistant Secretary  
(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: Michael Agan  
☐ Member Address: 471 E Broad Street  
☐ Authorized Columbus, OH 43215  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**  
☒ Manager Name: James Christopher Howat  
☐ Member Address: 471 E Broad Street  
☐ Authorized Columbus, OH 43215  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Marchelle Elaine Moore  
☐ Member Address: 471 E Broad Street  
☐ Authorized Columbus, OH 43215  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Encova Life Insurance Co.  
☒ Member Address: 471 E Broad Street  
☐ Authorized Columbus, OH 43215  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: James Kibler  
☐ Member Address: 471 E Broad Street  
☐ Authorized Columbus, OH 43215  
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.

Marchelle Elaine Moore  
Signature of an authorized person

Marchelle Elaine Moore, Secretary  
\_\_\_\_\_  
Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BROAD STREET BROKERAGE INSURANCE AGENCY, LLC, an Ohio Limited Liability Company, Registration Number 1224751, was organized in the State of Ohio on April 26, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 16th day of June, A.D. 2022.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202216700772