

1122000011795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

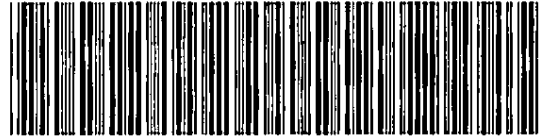
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUL 21 PM 4:24  
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TALLAHASSEE, FLORIDA

T. LEMIEUX  
JUL 28 2022

Heather Purser  
Paralegal

heather.purser@dentons.com  
D 205-918-5050

Dentons Sirote PC  
2311 Highland Avenue South  
Birmingham, AL 35205-2972  
United States

dentons.com

March 17, 2022

**VIA FEDEX**

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

Dear Sir/Madam:

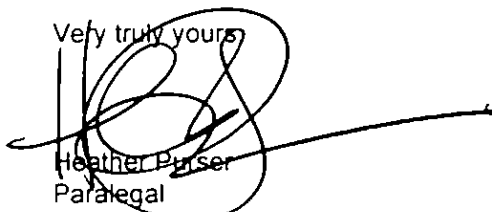
**Re: Capital Strategies Private Client Insurance, LLC**

Dear Sir or Madam:

Enclosed is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-referenced limited liability company, together with our firm's check in the amount of \$130.00 to cover the applicable filing fee and certificate of status. Please file this application immediately and return to me the letter of acknowledgement in the enclosed FedEx envelope.

Thank you for your assistance in this matter. If you have any questions, please contact me.

Very truly yours,



Heather Purser  
Paralegal  
Dentons Sirote PC

/hmp  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Capital Strategies Private Client Insurance, 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:

Heather Purser, Paralegal

\_\_\_\_\_  
Name of Person

Dentons Sirote PC

\_\_\_\_\_  
Firm/Company

2311 Highland Avenue South

\_\_\_\_\_  
Address

Birmingham, AL 35205

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

gisrael@capitalstrategies.net

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

For further information concerning this matter, please call:

Heather Purser

205

918-5050

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. Capital Strategies Private Client Insurance, 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. Alabama  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-4636274  
(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. 850 Shades Creek Parkway  
(Street Address of Principal Office)

Suite 300

Birmingham, AL 35209

6. 850 Shades Creek Parkway  
(Mailing Address)

Suite 300

Birmingham, AL 35209

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 E. Park Ave., Fl. 2

Tallahassee, Florida 32301  
(City) (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.

Mary Fink Mary Fink, Asst. Sec.

(Registered agent's signature)

FILED  
2022 JUL 21 PM 4:24  
CLERK OF STATE  
ALBANY, FLORIDA


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: Charles Wesley Griffith Israel	<input type="checkbox"/> Manager	Name: Pivot Insurance Partners, LLC
<input type="checkbox"/> Member	Address: 850 Shades Creek Parkway	<input checked="" type="checkbox"/> Member	Address: 1 Office Park Circle
<input type="checkbox"/> Authorized	Suite 300	<input type="checkbox"/> Authorized	Suite 211
Person	Birmingham, AL 35209	Person	Birmingham, AL 35223
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Capital Strategies Group, Inc.	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 850 Shades Creek Parkway	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 300	<input type="checkbox"/> Authorized	_____
Person	Birmingham, AL 35209	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	_____
Person	_____	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

Charles Wesley Griffith Israel

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 Capital Strategies Private  
Client Insurance, LLC was formed in Alabama, Alabama on January 25, 2022.  
The Alabama Entity Identification number for this entity is 000-963637. I further  
certify that the records do not disclose that said entity has been dissolved,  
cancelled or terminated.



20220720000035518

**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.**

07/20/2022

Date

A handwritten signature in cursive script that reads "J. H. Merrill".

John H. Merrill

Secretary of State

ORIGIN ID: TLHA (205) 918-5050  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P.O. BOX 6327

SHIP DATE: 20 JUL 22  
ACTWGT: 1.00 LB  
CAD: 254482464INET1490

TALLAHASSEE, FL 32314  
UNITED STATES US

TO HEATHER PURSER

DENTONS SIROTE PC

2311 HIGHLAND AVENUE SOUTH

SUITE 500

BIRMINGHAM AL 35205

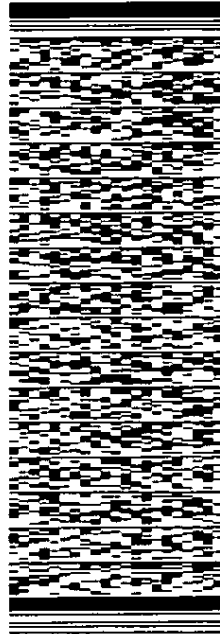
(205) 930-5457

REF: 063452.00001

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DEPT 88888800036

RMA:



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RETURNS MON-FRI

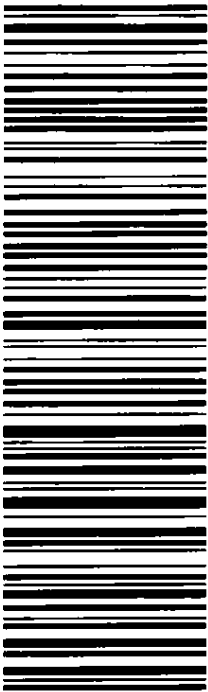
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2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

**Note:** To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.