# M22000013624

(Requestor's Name)
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2022 AUG 31 PH 3: 2

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 896712 7941553
AUTHORIZATION: Spelledena
COST LIMIT : \$ 125.00
ORDER DATE : August 19, 2022
ORDER TIME : 2:21 PM
ORDER NO. : 896712-095
CUSTOMER NO: 7941553
FOREIGN FILINGS
NAME: BRIT INSURANCE SERVICES USA, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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

IN COMPHANCE 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:

name unavailable, enter alternate a	name adopted for the purpose of transacting business in Flor	rida The	alternate name must include "Lîmited Lia	bility Company," "L L C," or '	"LLC.")
Illinois		3.	90-0434292		
(Jurisdiction under the law of which foreign limited liability company is organized)			3(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration e penalty	liability)		
161 North Clark Street, Suite 3200		,	161 North Clark Street, Su	uite 3200	
reet Address of Principal Office)		6.	(Mailing Address)		_
Chicago, IL 60601			Chicago, IL 60601		
				202 SEC	-
Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)	AUG 31	- - -
Name:	Corporation Service Company			AH IO:	LED
Office Address:	1201 Hays Street			E-1 5	
	Tallahassee		32301 , Florida		
	(City)		(Zip code)		

(Registered agent's signature)
Michelel L. Abbott, Asst. VP

Corporation Service Company

Ву:

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: Title or Capacity: Name and Address: Jessaman R. Pryor Name: Jeffrey Cowhey ■ Manager ■ Manager □ Member □Member Address: Address: 1140 Avenue of the Americas 1140 Avenue of the Americas □ Authorized □ Authorized New York, NY 10036 New York, NY 10036 Person Person  $\square$ Other $\_$ □Other □Other □Other\_\_\_\_ Name: J. Mark Jones ■Manager □Manager Name: \_\_\_\_\_ □Member □Member Address: \_\_\_\_\_ 161 Clark Street ☐ Authorized ☐ Authorized Chicago, IL 60601 Person Person □Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ □Other □Manager Name: □Manager Name: □Member Address: \_\_\_\_\_ ☐ Member Address: \_\_\_\_\_ ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 at provided for in s.817.155, F.S.

Typed or printed name of signee

J. Mark Jones

#### File Number

1002332-7



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BRIT INSURANCE SERVICES USA. LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 11, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



### In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of AUGUST A.D. 2022 .

Authentication #: 2223402858 verifiable until 08/22/2023

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE