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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 JUL 14 PM 4:53

T. LEMIEUX
JUL 22 2023

111 N RAILROAD ST
GROESBECK, TX 76642



PHONE: 254.729.8002
FAX: 254.729.8069

July 12, 2023

Region Code 346

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301
Fax: 850-245-6014

Ref: Application for Registration – Foreign LLC

Dear Sir/Madam:

We are filing the following documents on behalf of **Worldwide Insurance Network LLC**

The items checked below are enclosed.

- ☒ Application for Registration
- ☒ Check #11236 Amount \$130.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Kristie Washington

Kristie Washington
Annuals and Corporates Specialist
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6164
Fax: 254.729.8069
Email: kwashington@ilsainc.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worldwide Insurance Network 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:

Kristie Washington

Name of Person

ILSA, Inc.

Firm/Company

111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip Code

kaufderhar@smartchoiceagents.com

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

For further information concerning this matter, please call:

Kristie Washington

254

729-6164

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. Worldwide Insurance Network 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. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 562081167
(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. 4121 Beechwood Drive
(Street Address of Principal Office)
Greensboro, NC 27410

6. 4121 Beechwood Drive
(Mailing Address)
Greensboro, NC 27410

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.

Carlos M Alvarez, Special Secretary

(Registered agent's signature)

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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: <u>Brock Miles</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Andrew Caldwell</u>
<input type="checkbox"/> Member	Address: <u>4121 Beechwood Drive</u>	<input type="checkbox"/> Member	Address: <u>4121 Beechwood Drive</u>
<input type="checkbox"/> Authorized	<u>Greensboro, NC 27410</u>	<input type="checkbox"/> Authorized	<u>Greensboro, NC 27410</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

<input checked="" type="checkbox"/> Manager	Name: <u>Kimberly Aufderhar</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Thomas Andrews</u>
<input type="checkbox"/> Member	Address: <u>4121 Beechwood Drive</u>	<input type="checkbox"/> Member	Address: <u>4121 Beechwood Drive</u>
<input type="checkbox"/> Authorized	<u>Greensboro, NC 27410</u>	<input type="checkbox"/> Authorized	<u>Greensboro, NC 27410</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

<input checked="" type="checkbox"/> Manager	Name: <u>Ashley Wingate</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kathleen Phillips</u>
<input type="checkbox"/> Member	Address: <u>4121 Beechwood Drive</u>	<input type="checkbox"/> Member	Address: <u>4121 Beechwood Drive</u>
<input type="checkbox"/> Authorized	<u>Greensboro, NC 27410</u>	<input type="checkbox"/> Authorized	<u>Greensboro, NC 27410</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

DocuSigned by:

Brock Miles

Signature of an authorized person

Brock Miles

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 "WORLDWIDE INSURANCE NETWORK 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-SECOND DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WORLDWIDE INSURANCE NETWORK LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2023.

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


Jeffrey W. Bullock, Secretary of State

7516519 8300

SR# 20232824646

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

Authentication: 203600212

Date: 06-22-23