

M23000015556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

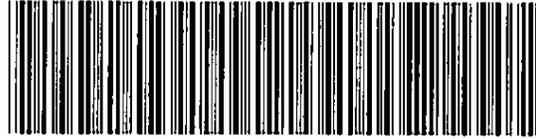
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

w23-164186

Office Use Only



200419945162

2023 DEC 12 AM 9:29

APPROVED
AND
FILED

2023 DEC -7 PM 3:17

RECEIVED

Division of
TALLAHASSEE, FLORIDA

DEC 09 2023
K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: FLORIDA ONE INSURANCE AGENCY, LLC
Ref. Number: W23000164186

We have received your document for FLORIDA ONE INSURANCE AGENCY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 923A00027981

RECEIVED
2023 DEC 12 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

AUTHORIZATION SIGNATURE: _____ *Jan F. ...*
Florida One Insurance Agency, LLC
BUSINESS Document #

- Walk in Pick up time _____
- Mail out Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement

APOSTIL () _____
Country

Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida One Insurance Agency, LLC, a Delaware Limited Liability Company
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:

Danielle Dudai
Name of Person
Florida Entrepreneur Law, P.A.
Firm/Company
101 NE 3rd Ave, Suite 1500
Address
Fort Lauderdale, FL 33301
City/State and Zip Code
ddudai@floridaentrepreneurlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Dudai at 954 903-4634
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. Florida One 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (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. 5979 NW 151st Street, Suite 200
(Street Address of Principal Office)
Miami Lakes
FL 33014
6. 5979 NW 151st Street, Suite 200
(Mailing Address)
Miami Lakes
FL 33014

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

Name: Ramon Gonzalez
Office Address: 5979 NW 151st Street, Suite 200
Miami Lakes, Florida 33014
(City) (Zip code)

2023 DEC 12 AM 9:29
FILED

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.

Ramon Gonzalez
Ramon Gonzalez (Dec 8, 2023 15:59 EST)
(Registered agent's signature)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "FLORIDA ONE INSURANCE AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

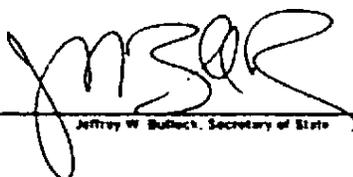
CERTIFICATE OF CONVERSION", FILED THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2023, AT 1:25 O`CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2023, AT 1:25 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "FLORIDA ONE INSURANCE AGENCY, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA ONE INSURANCE AGENCY, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2023.




Jeffrey W. Bullock, Secretary of State

2544036 8310

SR# 20234102700

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

Authentication: 204714084

Date: 12-03-23

Delaware

The First State

Page 2

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




Jeffrey W. Bullock, Secretary of State