

M23000015556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

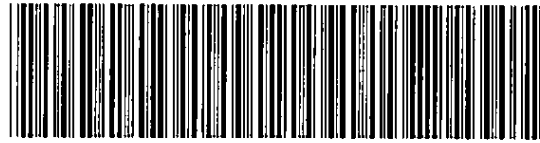
Certified Copies _____

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 Corporations
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
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

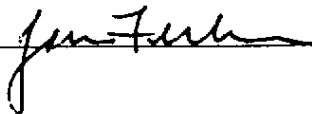
FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

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

AUTHORIZATION SIGNATURE: _____

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

X 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

954

903-4634

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. 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. <u>5979 NW 151st Street, Suite 200</u> (Street Address of Principal Office) | 6. <u>5979 NW 151st Street, Suite 200</u> (Mailing Address) |
| <u>Miami Lakes</u> | <u>Miami Lakes</u> |
| <u>FL 33014</u> | <u>FL 33014</u> |

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
MAR 10 2024

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)

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: Ramon J. Gonzalez

☒ Member Address: 3651 SW 20th Street

☐ Authorized Miami

Person FL 33145

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: David Rodriguez

☒ Member Address: 5874 NW 199th Street

☐ Authorized Miami

Person FL 33015

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.

Ramon Gonzalez
Ramon Gonzalez (Dec 8, 2023 15:59 EST)

Signature of an authorized person

Ramon Gonzalez

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 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.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

2544036 8310

SR# 20234102700

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

Authentication: 204714084

Date: 12-03-23

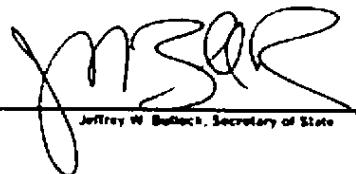
Delaware

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

2544036 8310

Authentication: 204714084