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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jostj@watkinsind.com

RECEIVED
2024 MAR -8 AM 9:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
BILTMORE INSURANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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. Biltmore Insurance Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name not available, 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI 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. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

1958 Monroe Dr NE

1958 Monroe Dr NE

Atlanta, GA, 30324

Atlanta, GA, 30324

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) Florida (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.

C T Corporation System Stephanie Henck, Assistant Secretary

By: Stephanie Henck
(Registered agent's signature)

FILED
2024 MAR -8 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FL

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>Eric S. Wahlen</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Andrew P. Kuchar</u>
<input type="checkbox"/> Member	Address: <u>1958 Monroe Dr NE</u>	<input type="checkbox"/> Member	Address: <u>1958 Monroe Dr NE</u>
<input type="checkbox"/> Authorized	<u>Atlanta, GA, 30324</u>	<input type="checkbox"/> Authorized	<u>Atlanta, GA, 30324</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Jeremy M. Bagley</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Jennifer A. Smith</u>
<input type="checkbox"/> Member	Address: <u>1958 Monroe Dr NE</u>	<input type="checkbox"/> Member	Address: <u>1958 Monroe Dr NE</u>
<input type="checkbox"/> Authorized	<u>Atlanta, GA, 30324</u>	<input type="checkbox"/> Authorized	<u>Atlanta, GA, 30324</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Crystal H. Meador</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Timothy L. Hall</u>
<input type="checkbox"/> Member	Address: <u>1958 Monroe Dr NE</u>	<input type="checkbox"/> Member	Address: <u>1958 Monroe Dr NE</u>
<input type="checkbox"/> Authorized	<u>Atlanta, GA, 30324</u>	<input type="checkbox"/> Authorized	<u>Atlanta, GA, 30324</u>
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 605.0293 (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 5.817.155, F.S.

Timothy L. Hall
Signature of an authorized person

TIMOTHY L. HALL
Typed or printed name of signer

To:

Page: 5 of 6

2024-03-07 13:11:47 PST

19548277645

From: Kaity Toon

Florida Attachment

Timothy L. Hall, Manager: 1958 Monroe Dr NE, Atlanta, GA, 30324

Danie'le L. Clark, Manager: 1958 Monroe Dr NE, Atlanta, GA, 30324

Control Number : 0131271

STATE OF GEORGIA**Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Biltmore Insurance Services, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26824086
Date Rec'd/Auth Filed: 07/05/2001
Jurisdiction : Georgia
Print Date : 03/05/2024
Form Number : 211

*Brad Raffensperger*

Brad Raffensperger
Secretary of State