M2400005132

(Requestor's Name)
(Address)
(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:
W24-51458

Office Use Only



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APR 2 2 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2024

CSC

SUBJECT: HEALTHY PAWS PET INSURANCE LLC

Ref. Number: W24000051658

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

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

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.

Letter Number: 724A00006903

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

www.sunbiz.org

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/29/24 Order #: 1441516-2

Re: Healthy Paws Pet Insurance LLC

Processing Method: Routine

CSC will be their agent

Does not underwrite insurance

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$2567.50 - FL State Account Number: I20000000195
AUTH

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	•	COVER BELLER	
TO:	Registration Section	•	
	Division of Corporations		
SUBJE	Healthy Paws Pet Insurance LLC CT:		
		of Limited Liability Company	_
		Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	
Please r	eturn all correspondence concerning this matter to	the following:	
	Arlene Jeschke.	Paralegal	
		Name of Person	_
		Firm/Company	_
200 E. Randolf Street, 8th Floor			
	Address		
	Chicago, II. 60601		
	Ci	ity/State and Zip Code	_
	compliancemail@cscglol	oal.com	
	E-mail address: (to be	used for future annual report notification)	- ~2
For furth	ner information concerning this matter, please cal	l:	0241
	Arlene Jeschke	at (312) 381-1000	2024 11-23 21
	Name of Contact Person	Area Code Daytime Telephone Number	-9 PH
	Mailing Address:	Street Address:	<u> </u>
	Registration Section	Registration Section	909
	Division of Corporations	Division of Corporations	9
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

Tallahassee, FL 32314

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & Certificate of Status 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:

	name adopted for the purpose of transacting offstness in Fig	orida. The alternate name must include "Limited Liability Co	mpany," "L.L.C," or "LLC	
Washington		27-0713117 3.		
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI number, if applicable)		
May 28, 2010	,			
•	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty liability)		
200 E. Randolph Sti		200 E. Randolph Street		
treet Address of Principal Office)		6. (Mailing Address)		
Chicago, IL 60601		Chicago, IL 60601		
		NOT acceptable)	202	
Name and street address	SS of Florida registered agent: (P.O. Box			
Name and street address Name:	Corporation Service Company		2024115.8.29	
Name:	Corporation Service Company	32301 , Florida	70 ' 23:	

e and accept the obligations of my position as registered agent.

Corporation Service Company

(Registered agent's signature)

Colby E. Alexis

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: Title or Capacity: Name and Address: Name and Address: Name: Colby E. Alexis Name: **■**Manager □Manager 200 E. Randolph Street ☐ Member Address: □Member Address: Chicago, IL 60601 □ Authorized □Authorized Person Person □Other____ □Other____ □ Other Other Name: Robert E. Lee, III **■**Manager □Manager Name: ______ 200 E. Randolph Street Address: □Member Address: □Member Chicago, IL 60601 ☐ Authorized ☐ Authorized Person Person Other____ □Other____ □Other_____ Other Name: Michelle S. Ley **■**Manager □Manager Name: ____ Address: __ 200 E. Randolph Street □Member ☐ Member Address: Chicago, IL 60601 ☐ Authorized ☐ Authorized Person Person □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 as provided for in s.817,155, F.S. Signature of an authorized person

Typed or printed name of signee

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

HEALTHY PAWS PET INSURANCE LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/24/2009.

I FURTHER CERTIFY that the entity's duration is 07/24/2039, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/13/2024 UBI Number: 602 942 086

R Holive



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 02/13/2024