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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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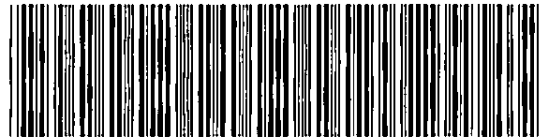
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AKS

9800 Fredericksburg Road  
San Antonio, Texas 78288



Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

May 23, 2024

Reference: USAA ServCo, LLC – Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida

Dear Sir/Madam:

Enclosed is an executed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," a Certificate of Existence, and check for \$160.00 made payable to the Florida Department of State.

If an additional filing fee is required, please mail an invoice to the following address:

United Services Automobile Association  
Attn: James Sosa, Chief Corporate Governance Office  
9800 Fredericksburg Road, A3E  
San Antonio, TX 78288

Should you have any questions or concerns, please feel free to contact our team at [agencylicensing@usaa.com](mailto:agencylicensing@usaa.com).

Sincerely,

A handwritten signature in black ink, appearing to read "James Sosa".

**James Sosa, MBA** | Regulatory Analyst I  
Chief Corporate Governance Office, Chief Legal Office, USAA  
9800 Fredericksburg Road, San Antonio, Texas 78288  
Cell: (210) 508-7261  
[agencylicensing@usaa.com](mailto:agencylicensing@usaa.com)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: USAA ServCo, 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:

James Sosa, Chief Corporate Governance Office

Name of Person

USAA Chief Legal Office

Firm/Company

9800 Fredericksburg Road, A3E

Address

San Antonio, Texas 78288

City/State and Zip Code

agencylicensing@usaa.com

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

For further information concerning this matter, please call:

James Sosa, Regulatory Analyst I

at (210) 508-7261

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. USAA ServCo, 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 3. 99-0692153  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not Applicable  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

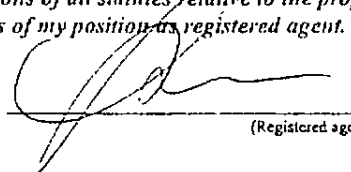
5. 9800 Fredericksburg Road 6. 9800 Fredericksburg Road  
(Street Address of Principal Office) (Mailing Address)  
San Antonio, Texas 78288 San Antonio, Texas 78288

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.

  
Melissa L. Clarke, Asst. VP  
(Registered agent's signature)

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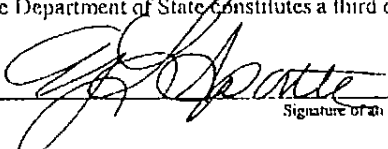
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                                  | <u>Name and Address:</u>                 | <u>Title or Capacity:</u>  | <u>Name and Address:</u>                 |
|--|--|--|--|
| <input type="checkbox"/> Manager                           | Name: <u>USAA ServCo Holdings, LLC</u>   | <input type="checkbox"/> Manager                                 | Name: <u>Yvonne Aponte</u>               |
| <input checked="" type="checkbox"/> Member                 | Address: <u>9800 Fredericksburg Road</u> | <input type="checkbox"/> Member                                  | Address: <u>9800 Fredericksburg Road</u> |
| <input type="checkbox"/> Authorized                        | <u>San Antonio, Texas 78288</u>          | <input checked="" type="checkbox"/> Authorized                   | <u>San Antonio, Texas 78288</u>          |
| Person   | _____                                    | Person   | _____                                    |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Other _____     | <input checked="" type="checkbox"/> Other <u>Asst. Secretary</u> | <input type="checkbox"/> Other _____     |
| <br>   |  |  |  |
| <input type="checkbox"/> Manager                           | Name: <u>Tom Eck</u>                     | <input type="checkbox"/> Manager                                 | Name: _____                              |
| <input type="checkbox"/> Member                            | Address: <u>9800 Fredericksburg Road</u> | <input type="checkbox"/> Member                                  | Address: _____                           |
| <input type="checkbox"/> Authorized                        | <u>San Antonio, Texas 78288</u>          | <input type="checkbox"/> Authorized                              | _____                                    |
| Person   | _____                                    | Person   | _____                                    |
| <input checked="" type="checkbox"/> Other <u>Secretary</u> | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____                             | <input type="checkbox"/> Other _____     |
| <br>   |  |  |  |
| <input type="checkbox"/> Manager                           | Name: _____                              | <input type="checkbox"/> Manager                                 | Name: _____                              |
| <input type="checkbox"/> Member                            | Address: _____                           | <input type="checkbox"/> Member                                  | Address: _____                           |
| <input type="checkbox"/> Authorized                        | _____                                    | <input type="checkbox"/> Authorized                              | _____                                    |
| 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 605.0203 (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  
Yvonne Aponte, Assistant Secretary  
\_\_\_\_\_  
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 "USAA SERVCO, 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-FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USAA SERVCO, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2023.

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



2689560 8300

SR# 20242302354

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203521022

Date: 05-21-24