

MA2400007824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

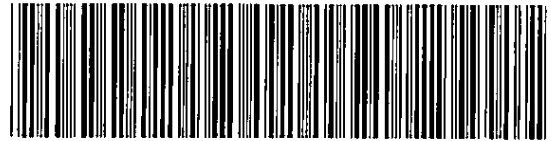
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/13/24--01013--015 **130.00

FILED
2024 JUN 13 PM 5:15
SECRETARY OF STATE

T. LEMIEUX

JUN 18 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trochiano Insurance Group LLC d.b.a. Trochiano Insurance Agency

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:

William Trochiano

Name of Person

Trochiano Insurance Group LLC d.b.a. Trochiano Insurance Agency

Firm/Company

114 Tennent Road

Address

Morganville, New Jersey 07751

City/State and Zip Code

support@trochianoinsurance.com

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

For further information concerning this matter, please call:

William

732

591-2600

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**

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. Trochiano Insurance Group 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. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-3354533
(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. 114 Tennent Road Morganville, NJ 07751
(Street Address of Principal Office)

6. 114 Tennent Road Morganville, NJ 07751
(Mailing Address)

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

Name: William Trochiano

Office Address: 3500 NW Boca Raton Blvd

Boca Raton, Florida 33431
(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.

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2024 JUN 13 PM 5:15
SECRETARY OF STATE

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>William Trochiano</u>	<input type="checkbox"/> Manager	Name: <u>William Trochiano III</u>
<input type="checkbox"/> Member	Address: <u>114 Tennent Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>114 Tennent Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Morganville, NJ 07751</u>	<input checked="" type="checkbox"/> Authorized	<u>Morganville, NJ 07751</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Justen Tornabene</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>114 Tennent Road</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Morganville, NJ 07751</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<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

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

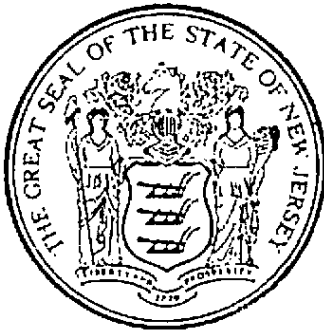
TROCHIANO INSURANCE GROUP LLC
0600478682

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 25, 2022.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

WILLIAM TROCHIANO
114 TENNENT ROAD
MORGANVILLE, NJ 07751



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of January, 2024

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6149951395

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

Mail to: PO Box 308
Trenton, NJ 08646

STATE OF NEW JERSEY
DIVISION OF REVENUE

Overnight to: 33 West State St.
5th Floor
Trenton, NJ 08608-1214

FEE REQUIRED

REGISTRATION OF ALTERNATE NAME

C-150G

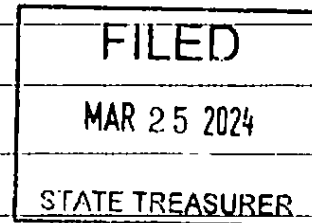
Complete the following applicable information, and sign in the space provided. Please note that once filed, the information contained in the filed form is considered public. Refer to the instructions on page 26 for filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field.

Check Appropriate Statute:

- ☐ Title 14A:2-2.1 (2) New Jersey Business Corporation Act ☒ Title 42:2C Limited Liability Company
☐ Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act ☐ Title 42:2A-6 Limited Partnership


Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

- Name of Corporation/Business: TROCHIANO INSURANCE GROUP LLC
- NJ 10-digit ID number: 0600478682
- Set forth state of Original Incorporation/Formation: New Jersey
- Date of Incorporation/Formation: 10/25/2022
Date of Authorization (Foreign): _____
- Alternate Name to be used: Trochiano Insurance Agency
- State the purpose or activity to be conducted using the Alternate Name: Insurance - Insurance agent or broker
- The Business intends to use the Alternate Name in this State.
- The Business has not previously used the Alternate Name in this State in violation of this Statute, or, if it has, the month and year in which it commenced such use is: _____



Signature requirements:

For Corporations
For Limited Partnerships
For all Other Business Types


SIGNATURE:

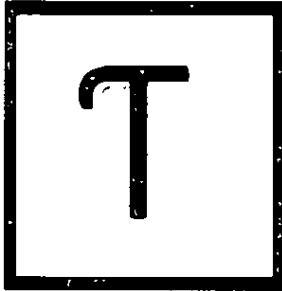
Will Trochiano
NAME (please type):

Chairman of the Board, President, Vice-President
General Partner
Authorized Representative

Authorized Representative
TITLE:

3/4/2024
DATE:

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT
REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.



114 Tennent Road
Morganville, NJ 07751
(732) 610-0499
support@trochianoinsurance.com
Trochiano Insurance Group LLC
D.b.a. Trochiano Insurance Agency
June 7th, 2024

To whom it may concern,

After over 30 years of providing financial services to the great states of New Jersey, New York, and Florida as a family-owned business, we have recently made the leap into becoming a fully-licensed insurance agency. We are writing this letter along with our application in order to provide customer-focused insurance products and services in Florida.

As we remain as a family-owned and operated company, we have partnered with one of the largest insurance agency aggregators known as the Strategic Insurance Agency Alliance (SIAA) in order to promote small and independent insurance agencies across the country. By leveraging this partnership, we are able to provide insurance products and services from some of the most well known insurance carriers such as Allstate™, Chubb™, Liberty Mutual™, Hartford™, and Travellers™.

As we are beginning to expand our network of homeowners, small businesses, and consumers, we are hopeful and excited to include Florida as a new territory in which we can grow our company while providing mutual benefit to your state. Kindly let us know if there is any additional documentation that you may require, and we look forward to doing business with you and your residents!

Respectfully,