

M240000010103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

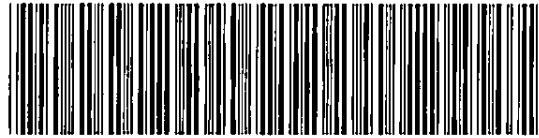
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500433579335

08/01/24--01020--006 **125.00

2024 AUG -1 AM 11:34



July 30th, 2024

By FedEx:

Florida DOS Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL
32303

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
Agricultural Insurance Management Services LLC

Dear Sir/Madam:

Please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, New Hampshire COGS, power of attorney, payable check, and stamped return envelope, included herein.

Please forward any questions in connection with this filing to 3H Corporate Services, LLC, 36 Long Alley, Saratoga Springs, New York, 12866 Attn: Matthew Benware, or via email to matthew.benware@3hcs.com. Please do not hesitate to contact me at (518) 583-0639 Ext. 128 if you have any questions.

Best Regards,

A handwritten signature in black ink, appearing to read 'Matthew Benware', is written over a horizontal line.

Matthew Benware
Corporate Compliance Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Agricultural Insurance Management Services 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:

Matthew Benware

Name of Person

3H Corporate Services, LLC

Firm/Company

36 Long Alley

Address

Saratoga Springs, NY 12866

City/State and Zip Code

sosfilings@3hcs.com

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

For further information concerning this matter, please call:

Matthew Benware

518

583-0639 ext. 128

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. Agricultural Insurance Management Services 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 Hampshire 3. 02-0521264
(Jurisdiction under the law of which foreign limited liability company is organized) (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>1496 Rte 3a, Ste 10</u> (Street Address of Principal Office)	6. <u>1496 Rte 3a, Ste 10</u> (Mailing Address)
<u>Bow, NH</u>	<u>Bow, NH</u>
<u>03304</u>	<u>03304</u>

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

Name: 3H Agent Services, Inc.

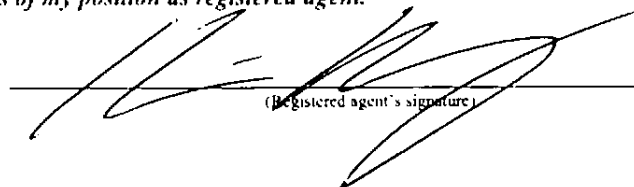
Office Address: 2114 NW 40th Terrace, Suite D2

Gainesville, Florida 32605
(City) (Zip code)

2024 APR - 1 AM 11:34

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.


(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: Charles Acosta

☐ Member Address: 1496 Rte 3a, Ste 10

☐ Authorized Bow, NH

Person 03304

☒ Other Senior Vice President ☐ Other

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

☐ Manager Name: Andrew Behrends

☐ Member Address: 1496 Rte 3a Ste 10

☐ Authorized Bow, NH

Person 03304

☒ Other CFO ☒ Other Treasurer

☐ Manager Name: Tammy Hooker

☐ Member Address: 1496 Rte 3a Ste 10

☐ Authorized Bow, NH

Person 03304

☒ Other Underwriting Manager ☐ Other

☐ Manager Name: Blake Wakefield

☐ Member Address: 1496 Rte 3a Ste 10

☐ Authorized Bow, NH

Person 03304

☒ Other President ☒ Other Secretary

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

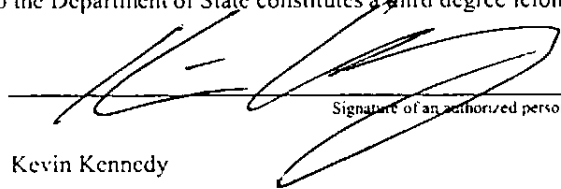
Person _____

☐ 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.



Signature of an authorized person

Kevin Kennedy

Typed or printed name of signee

State of New Hampshire

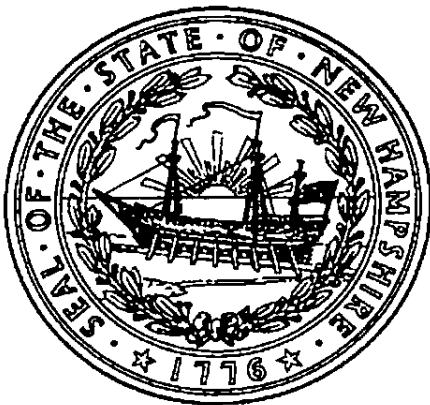
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that AGRICULTURAL INSURANCE MANAGEMENT SERVICES, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 31, 2000. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **363039**

Certificate Number: **0006743206**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of July A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

AGRICULTURAL INSURANCE MANAGEMENT SERVICES, LLC
REVOCABLE POWER OF ATTORNEY

Agricultural Insurance Management Services, LLC (herein referred to as the "Company") gives Gary T. Harker, Esq., Darrell T. Belch, Esq., Kevin Kennedy, and Michele Patton, Esq. of 3H Corporate Services, LLC ("3H"), the power to sign on its behalf any and all annual reports and periodic updates including, but not limited to, address changes, Registered Agent changes, and Member and Manager changes that must be filed by the Company with the Secretary of State, Department of Insurance, and/or Department of Taxation (or analogous state offices thereof) of any jurisdiction in which the Company is authorized to do business, provided that Messrs. Harker, Belch, Kennedy, and Ms. Patton of 3H will only use information provided to them by the Company to make such filings.

Subject to the foregoing, each grant of powers contained herein is to be considered permanent and continuous unless and until revoked in writing by a Manager/Member or Manager/Member Resolution, as applicable.

Date: June 30, 2024



Name:

Title: CFO