

M240000 ISS70

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

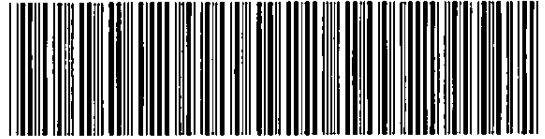
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



900438940309

12/13/24--01001--024 **130.00

FILED

2024 DEC 13 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 DEC 13 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRITON RE INCORPORATED CELL REINSURANCE COMPANY, 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:

Wes Strickland

Name of Person

Strickland Law, PLLC

Firm/Company

Will pick up in person

Address

Will pick up in person

City/State and Zip Code

daniel.milan@strategicrisks.com

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

For further information concerning this matter, please call:

Wes Strickland

850

321-3475

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. TRITON RE INCORPORATED CELL REINSURANCE COMPANY, 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. North Carolina 3. 99-4775667
(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. 101 South Tryon St., 27th Floor 6. 101 South Tryon St., 27th Floor
(Street Address of Principal Office) (Mailing Address)
Charlotte, NC 28280 Charlotte, NC 28280

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

Name: Christopher Lee Johnson
Office Address: 250 International Parkway, Suite 360
Lake Mary 32476
(City) (Zip code)
Florida

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.

Christopher L. Johnson
(Registered agent's signature)

FILED
2024 DEC 13 PM 2:10
STATE OF FLORIDA
CLERK OF THE COURT

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: Maria Isabel Moller
☐ Member Address: 250 International Parkway
☐ Authorized Suite 360
Person Lake Mary, FL 32476
☐ Other ☐ Other

☒ Manager Name: David Michael Carmany
☐ Member Address: 250 International Parkway
☐ Authorized Suite 360
Person Lake Mary, FL 32476
☐ Other ☐ Other

☒ Manager Name: David M. Littlehale
☐ Member Address: 101 South Tyron Street
☐ Authorized 27th Floor
Person Charlotte, NC 28280
☐ Other ☐ Other

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

☒ Manager Name: Christopher Lee Johnson
☐ Member Address: 250 International Parkway
☐ Authorized Suite 360
Person Lake Mary, FL 32476
☐ Other ☐ Other

☐ Manager Name: Danny Lee Hurley
☐ Member Address: 250 International Parkway
☐ Authorized Suite 360
Person Lake Mary, FL 32476
☒ Other Vice President ☐ 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.

Christopher L. Johnson
Signature of an authorized person

Christopher Lee Johnson
Typed or printed name of signee



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Captive Insurance)

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

Triton Re Incorporated Cell Reinsurance Company, LLC

is a corporation duly incorporated as a pure captive insurance company under the laws of the State of North Carolina, having been organized on the 16th day of August, 2024, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of December, 2024.

Elaine F. Marshall

Secretary of State