



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

2018 APR 20 AM 11:06

**Application for Registration**  
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
<b>Southern Cross Insurance Solutions, LLC</b>		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: <b>FL</b>		
3. The date of its organization is: <b>07/27/12</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name <b>Registered Agent Solutions, Inc.</b>		
Street Address ( <u>NOT</u> a P.O. Box) <b>222 Jefferson Blvd. Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
<b>Nonresident Insurance Agency Sales &amp; Services</b>		
Check the box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

10:56

**FILED**

MAY 03 2018

BY *[Signature]* 3299.00

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

**2315 Curry Ford Rd. Orlando, FL 32806**

8. The mailing address for the limited liability company is:

**P.O. Box 568428 Orlando, FL 32856**

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
Ann Geisler	2315 Curry Ford Rd. Orlando, FL 32806

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of LLC

**Ann Geisler, Manager**

Date

**04-09-18**

Signature of Authorized Person



SIGN DOCUMENT HERE

# *State of Florida*

## *Department of State*

I certify from the records of this office that SOUTHERN CROSS INSURANCE SOLUTIONS, LLC is a limited liability company organized under the laws of the State of Florida, filed on July 27, 2012.

The document number of this limited liability company is L12000097722.

I further certify that said limited liability company has paid all fees due this office through December 31, 2018, that its most recent annual report was filed on January 15, 2018, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fourth day of April, 2018 .*



*Ken Detjen*  
**Secretary of State**

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<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

May 03, 2018 10:56 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

