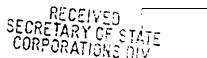
RI SOS Filing Number: 201863493750 Date: 5/3/2018 10:56:00 AM





Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

2018 APR 20 AM II: 06

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for a Certificate of Registration to transact business in a purpose submits the following statement:		
The name of the limited liability company is:		
Southern Cross Insurance Solutions	s, LLC	
Is this company organized in its state or country of formation	as a low-profit limited liability co	ompany? Yes No 🗸
The name, if different, under which it proposes to register and	I transact business in Rhode Isl	and is:
		SEC CO 2018
The LLC is organized under the laws of: FL		A Pin.
3. The date of its organization is: 07/27/12		ن ۱۳۸۸ ۱۳۸۸ د
And the period of its duration is: CHECK ONE BOX ONLY		3 55 0
Perpetual (on-going)		9 99
Date certain for dissolution		56
4. The name and address of the resident agent/office in Rhod	e Island is:	
Agent Name Registered Agent Solutions, Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd. Suite	200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in Rho	ode Island are:
Nonresident Insurance Agency Sales & Servies		
	Check the box	x to indicate an attachment

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 0.3 2018

	d the agent of the foreign limited liability company for service of process if, at ne resident agent cannot be found or served following the exercise of reasonable	
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 <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
11. Date when this application for Certifica	tte 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	Date	
Ann Geisler, Manager	04-09-18	
Signature of Authorized Person		
ann a Geisler 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 . SECRETARY OF STATE CORPORATIONS DIV



Ken Define Secretary of State

Tracking Number: CU8531178756

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

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

RI SOS Filing Number: 201863493750 Date: 5/3/2018 10:56:00 AM



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

Nellie M. Gorbea Secretary of State

Tullin U. Soler

