

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

## Application for Registration

FOREIGN Limited Liability Company

 $\rightarrow$  Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

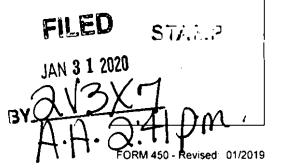
## Total Insurance Brokers, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company?

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: Florida						
3. The date of its organization is: July 31, 2019						
And the period of its duration is: CHECK ONE BOX ONLY						
Perpetual (on-going)						
Date certain for dissolution		2: <b>4</b>				
4. The name and address of the resident agent/office in Rhod	e Island is					
Agent Name Corporation Service Company						
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard 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.				
Any and all lawful business to include health insurance se	ervices					
	Check the bo	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



STARZ

Yes

No 🔽

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<ul> <li>7. The address of the office required to be maintained in the state or country of its organization by the laws of that state of if not so required, of the principal office of the foreign limited liability company is:</li> <li>15438 N. Florida Ave., Ste 201,Tampa. FL 33613</li> <li>8. The mailing address for the limited liability company is:</li> <li>15438 N. Florida Ave., Ste 201,Tampa. FL 33613</li> <li>9. Management of the Limited Liability Company:</li> <li>The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX</li> <li>✓ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)</li> <li>☐ By one (1) or more managers (List managers below)</li> <li>MANAGER</li> <li>ADDRESS</li> </ul>	le				
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MANAGER ADDRESS					
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 Certificate of Registration will be effective: CHECK ONE BOX ONLY					
✓ Date received (Upon filing)					
Later effective date (Date must be no more than 90 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	,				
Total Insurance Brokers, LLC 15 NoV 2019	/				
Signature of Authorized Person SIGN DOCUMENT HERE					

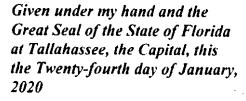
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## State of Florida Department of State

I certify from the records of this office that TOTAL INSURANCE BROKERS, LLC is a limited liability company organized under the laws of the State of Florida, filed on July 31, 2019, effective March 25, 2019.

The document number of this limited liability company is L19000185318.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019 and that its status is active.





Secretary of State

Tracking Number: 2426129010CU

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

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:

January 31, 2020 02:41 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

