Application for Registration

FOREIGN Limited Liability Company

→ 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:

R.I. DEPT. OF STATE BUS SVCS DIV

purpose submits the following statement.				
1. The name of the limited liability company	is:			
ACE INSURANCE SERVICES OF F	-LORIDA,LLC.		·	
Is this company organized in its state or cou	untry of formation	as a low-profit limited liability	company? Yes No 🗸	
The name, if different, under which it propose	ses to register and	transact business in Rhode I	sland is:	
2. The LLC is organized under the laws of:	Florida	· · · · · · · · · · · · · · · · · · ·		
3. The date of its organization is:	01/14/2014		-	
And the period of its duration is: CHECK O	NE BOX ONLY			
Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident ag	ent/office in Rhod	le Island is:		
Agent Name InCorp Services, 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 propose	es to pursue in the	transaction of business in Rh	node Island are:	
Insurance Agency				
	•			
		Check the bo	ox 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 FILED

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ORM 450 - Revised: 11/2019

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6. The RI Department of State is appointed any time, there is no resident agent or if the diligence.	ed the agent of the foreign limited liability company he resident agent cannot be found or served follow	for service of process if, at ring the exercise of reasonable		
7. The address of the office required to be if not so required, of the principal office of	e maintained in the state or country of its organizati the foreign limited liability company is:	on by the laws of that state or,		
2155 N State Rd 7, Margate, FL 33	3063			
8. The mailing address for the limited liab	ility company is:			
2155 N State Rd 7, Margate, FL 33	3063			
9. Management of the Limited Liability Co	mpany:			
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			
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 affi accompanying attachments, and that all st	rm that I have examined this Application for Regist tatements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC	Date			
ACE INSURANCE SERVICES OF FLORIDA,LLC.		04/30/2020		
Signature of Authorized Person				

State of Florida Department of State

I certify from the records of this office that ACE INSURANCE SERVICES OF FLORIDA, LLC. is a limited liability company organized under the laws of the State of Florida, filed on January 14, 2014.

The document number of this limited liability company is L14000007727.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on April 28, 2020, and that its status is active.

Given under my hand and the Great Seal of the State of Florida 9: at Tallahassee, the Capital, this the Eighteenth day of May, 2020



Secretary of State

Tracking Number: 7241757511CU

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

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