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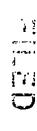
(Requestor's Name)
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PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO	I20	กก	ብበ	nn	1	95
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REFERENCE : 027/397 8289606

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: September 22, 2021

ORDER TIME : 2:52 PM

ORDER NO. : 027397-125

CUSTOMER NO: 8289606

FOREIGN FILINGS

NAME: MOTOREFI INSURANCE SOLUTIONS,

LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

COVER LETTER

TO:

Registration Section

CT:Nan	ne of Limited Liability Company				
	Company for Authorization to Transact Business in Florida," Certife referenced foreign limited liability company to transact business in				
eturn all correspondence concerning this matter	to the following:				
Holly Lopez					
	Name of Person				
MotoRefi Insurance Solutions					
	Firm/Company				
1717 Rhode Island Ave NW Suite 50	0				
	Address				
Washington, DC 20036					
	City/State and Zip Code				
stephanie.schmid@motorefi.com					
E-mail address: (to b	be used for future annual report notification)				
her information concerning this matter, please co	all:				
Stephanie Schmid	202 935-2757 at ()				
Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name imavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida The	alternate n	ame must inc	lude "Limited Lia	ability Compa	ny,""L L C	," or "L.L.C	
Virginia (Jurisdiction under the law of which foreign limited liability company is organized)			87-3003041						
			(FEI number, if applicable)						
·	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605,0905, F.S. to determine	esistratio	n)						
	(See sections 605 0904 & 605,0905, F.S. to determine	ne penalty	liability)						
1717 Rhode Island Ave NW		6	1717 Rhode Island Ave NW						
treet Address of Principal Office)		0.	17)	ailing Addres	55)		_		
Suite 500			Suite 5	00					
Washington, DC 2003	6		Washir	igion, DO	20036				
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptat	ole)			2021 COT		
Name:	Corporation Service Company					5 5 25	_		
Office Address:	1201 Hays Street					Z FA	AM 11: 58		
	Tallahassee			, Florida	32301	ьц	8		
	(Cuy)				(Zip code)				

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.

Assistant Vice President
(Registered agent's signature)

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: Title or Capacity: Name and Address: Name: Eric Stradley ■Manager □Manager Name: ______ Address: 1717 Rhode Island Ave NW □ Member □Member Address: _____ Suite 500 □ Authorized □ Authorized Washington, DC 20036 Person Person □Other_ Other_ □Other □Other □ Manager □Manager Name: □Member □Member Address: Address: □Authorized □ Authorized Person Person □Other_____ □Other □Other □ Other □Manager Name: □Manager Name: ______ Address: Address: □Member □Member ☐ Authorized □ Authorized Person Person □Other_____ □Other □Other_____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person Eric Stradley

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That MotoRefi Insurance Solutions, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on August 30, 2018; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 17, 2021

Bernard J. Logan, Clerk of the Commission