



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

File #: 0003552178

Date Filed: 6/17/2019 2:33:00 PM

1. The name of the entity is: Capital Shield Insurance Services LLC
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:  

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	
4. Jurisdiction of formation: Florida  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
10070 Daniels Interstate Ct Ste 200 Ft Myers FL 33913  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
10070 Daniels Interstate Ct Ste 200 Ft Myers FL 33913  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)
8. Name and street address of registered agent in Idaho:  
COGENCY GLOBAL INC., 921 S. Orchard Street - Suite G, Boise, ID 83705  
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:  

<u>James Foglio</u>	<u>Manager/ CEO</u>	<u>10070 Daniels Interstate Ct Ste 200 Ft Myers FL 33913</u>
(Name)	(Capacity)	(Address)
<u>Travus Pope</u>	<u>Manager/ President</u>	<u>10070 Daniels Interstate Ct Ste 200 Ft Myers FL 33913</u>
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: Travus Pope  
Signature: \_\_\_\_\_  
Capacity: Manager/ President

# *State of Florida*

## *Department of State*

I certify from the records of this office that CAPITAL SHIELD INSURANCE SERVICES LLC is a limited liability company organized under the laws of the State of Florida, filed on September 17, 2018.

The document number of this limited liability company is L18000220707.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 27, 2019, 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 Seventeenth day of June, 2019*



*Ronald R. DeSantis*  
Secretary of State

Tracking Number: 6346864070CU

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