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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 155.00 Thank you!						

COVER LETTER

	istration Section ision of Corporation	s				
UBJECT:	A-Team Insurance A	agency, L.L.C.				
Juli-Ci.		Name of L	imited Liability Co	ompany		-
he enclosed xistence, ar	l "Application by Fore ad check are submitted	eign Limited Liability Compi d to register the above refere	any for Authorizati nced foreign limite	on to Trar d liability	nsact Business in Florida company to transact bus	" Certificat iness in Flo
ease return	all correspondence c	oncerning this matter to the I	following:			
	Randy Matheus					
		Na	one of Person			→ \
	The Money Sou	irce Inc.				
		Fir	rm/Company			_
	6385 Old Shad	y Oak Road, Suite 250				
			Address			-•
Eden Prairie, MN 55344						
		City/St	tate and Zip Code			-
	randy.matheus@	themoneysource.com				1
		E-mail address: (to be used	for future annual	report not	ification)	_ ,
or further i	nformation concernin	g this matter, please call:				{
Randy Matheus		925 at (218-06	1 1	i	
_	Name (of Contact Person	Area Code	Day	time Telephone Number	!
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Registration S Clifton Buildi		of Corporations ion Section uilding cutive Center Circle	i 1	
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, of Status & Certified C	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: A-Team Insurance Agency, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lumited Liability Company," "L.L.C," or LLC ") 45-4196729 2 Arizona (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date tirst transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 6385 Old Shady Oak Road 2355 E. Camelback Road (Mailing Address) (Street Address of Principal Office) Suite 250 Suite 700 Eden Prairie, MN 55344 Phoenix, AZ 85016 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation (City) Registered agent's acceptance: 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 us 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. James M. Halpin C T Corporation System By: (Registered agent's synature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: Donald Scrpe Principal Agent 3330 N. 16th St., #110 Phoenix, AL 80048 (Use attachments if necessary) 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. Donald Serpe

Typed or printed name of signee





Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that

A-TEAM INSURANCE AGENCY, L.L.C.

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 9th day of January 2012.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 2nd day of November, 2017, A. D.



Ted Vogt, Executive Director

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