

5/8/2019

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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CORPORATION DIVISION
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
Kin Insurance Network Distributor, LLC**

Certificate of Status	0
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2019-05-08 17:03:07

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MAY 10 2019

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. Kin Insurance Network Distributor, LLC
(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 "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-2163756 (EIN number, if applicable)

4. N/A (Date first transacted business in Florida, if prior to registration. (See sections 605.004 & 605.005, F.S. to determine penalty liability.)

5. 55 W. Monroe St., Suite 2200 (Street Address of Principal Office)
Chicago, IL 60603
6. 55 W. Monroe St., Suite 2200 (Mailing Address)
Chicago, IL 60603

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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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 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.

By: Howard L. Volz (Registered agent's signature)

Howard L. Volz, Assistant Secretary

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:**

Manager Name: Sean Harper

Member Address: 55 W. Monroe St.

Authorized Suite 2200, Chicago, IL 60603

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Lucas Ward

Member Address: 55 W. Monroe St.

Authorized Suite 2200, Chicago, IL 60603

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Josh Cohen

Member Address: 55 E. Monroe St.

Authorized Suite 2200, Chicago, IL 60603

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

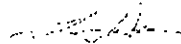
Other _____ Other _____

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 FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Lucas Ward

Typed or printed name of agent

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIN INSURANCE NETWORK DISTRIBUTOR, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

7078453 8300

SR# 20193683817

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202789795

Date: 05-08-19