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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DEURLIARY OF STATE TALLAHASSEE, FLORIOA

2024 JAN 30 PM 4:

COVER LETTER

SUBJECT:	· · · · · · · · · · · · · · · · · · ·			
Nar	me of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certificate e referenced foreign limited liability company to transact business in Flori			
Please return all correspondence concerning this matter	to the following:			
Becky Farthing				
• •	Name of Person			
InsCipher, LLC				
	Firm/Company			
260 South 2500 West, Suite	÷ 301			
	Address			
Pleasant Grove, UT 884062	!			
 	City/State and Zip Code			
doug@verticalrisk.com				
E-mail address: (to b	be used for future annual report notification)			
For further information concerning this matter, please c	all:			
Becky Farthing	801 304-3291			
Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:	Street Address: Registration Section			
Registration Section Division of Corporations	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: Please make check payable to: FLORIDA DE				

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:

New Jersey (Jurisdiction under the law of which foreign	in limited liability company is organized) This transacted business in Florida, if prior to regisections 605,0904 & 605,0905, F.S. to determine in the control of the cont	gistration.) penalty liability) 20 Co	874001	iability Compar		C," or "LLC	
(Jurisdiction under the law of which foreign (Date (See 350 Springfield Ave.) Street Address of Principal Office) Suite 200		gistration.) penalty liability) 20 Co	(FEI numb	oer. if applicabl	ie)		
(Jurisdiction under the law of which foreign (Date (See See Address of Principal Office) Suite 200		gistration.) penalty liability) 20 Co	ountry Club Dr.	ber. if applicabl	e)		
350 Springfield Ave. treet Address of Principal Office) Suite 200	e first transacted business in Florida, if prior to regi sections 605,0984 & 605,0905, F.S. to determine p	20 C					
350 Springfield Ave. street Address of Principal Office) Suite 200	sections 603.0904 & 603.0905. F.S. to determine	20 C					
Suite 200		6					
Suite 200		(M	lailing Address)		<u> </u>		
		 					
Summit, NJ 07901							
	Summit, NJ 07901		Chatham, NJ 07928				
. Name and street address of Flo	orida registered agent: (P.O. Box 🔉	<u>NOT</u> acceptal	ble)				
Lake	e Ten LLC			TALLAH	2024 JAN 30	سس	
Office Address: 515	N Flagler, Suite 300			BARY IASSEE			
Wes	t Palm Beach		33401 . Florida	0) ST	PM 4: 35		
	(City)		(Zip code)	20 A A	<u>.</u> ယ	<u> </u>	
esignated in this application, I h	l agent and to accept service of pro vereby accept the appointment as r ull statutes relative to the proper an position as registered agent.	registered ago	ent and agree to act i	in this cap	mpany acity. I	l further	

(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: Gundi Arnold Name: Douglas Gatlin ■Manager ☑Manager Address: _ 157 Hartford Lane Address: 20 Country Club Drive **☑**Member ☑ Member Newtown, PA 18940 Chatham, NJ 07928 □Authorized ■Authorized Person Person □Other____ Other ____ □Other □Other ■Manager Name: ■Manager **□**Member Address: _____ □Member Address: ______ ■Authorized □Authorized Person Person □Other □Other □Other □Manager Name: ■Manager Name: _____ ■Member Address: ☐ Member Address: □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.

Douglas Gatlin Douglas Gatlin Jan 18, 2024 17:22 EST)	
Signature of an authorized person	_
Douglas Gatlin, Manager	
Exped or printed name of signee	_

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

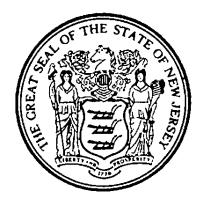
VERTICAL RISK MANAGEMENT LLC 0450357679

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 08, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DOUG GATLIN 350 SPRINGFIELD AVE SUITE 200 SUMMIT, NJ 07901



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of January, 2024

She Man

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6150032425

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp