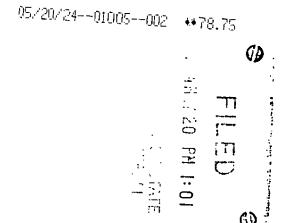
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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T. LEM!EUX

JUN - 8 2024

COVER LETTER

	istration Section ision of Corporations	•		
SUBJECT	Barney Enterprises, Inc			
ochone.	Name o	f corporation -	must include suffix	
Dear Sir or	Madam:			
"Certificate	d "Application by Foreign Co of Existence," or "Certificate enced foreign corporation to tr	of Good Stand	ing" and check are submitte	isiness in Florida." ed to register the
Please retur	n all correspondence concerni	ng this matter t	o the following:	
Charles Barr	еу			
		Name of P	erson	
Barney Enter	prises, Inc			
		Firm/Comp	pany	
105 Central	Ave Unit 3 Ste 200C			
		Addres	SS	
Goose Creek	, SC. 29445			
		City/State an	d Zip code	
info@lchealt	nbrokers.com			
	E-mail address	: (to be used fo	r future annual report notifi	cation)
For further	information concerning this m	atter, please ca	II:	
Marie Eklund	Marie Eklund 843 790-4467			
Na	me of Person	Area Code	Daytime Telephone	Number
Reg Div The 241	REET/COURIER ADDRESS sistration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee. FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Enclosed is Please make ☐ \$70.00 F	a check for the following amore check payable to: FLORIDA DI iling Fee	EPARTMENT (g Fee &		S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Barney Enterprise	rporation; must include "INCORPORATED."	" "COMPANY," "CORPORATIO	N."	
	"Inc.," "Co.," "Co	rp," "Inc." "Co." or "Corp.")			
	LC Health Insura	nce Brokers			
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)	
2.	South Carolina	3.	82-1681521		
	(State or country	under the law of which it is incorporated)	(FEI number, if a	pplicable)	
4.	06/27/2017	5.			
	(Date	5. of incorporation)	(Date of duration, if other	than perpetual)	
6.					
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration)	lity)	
		(322 320 110.13 007.1301 & 007.13	702, 1.3% to determine penanty naon		
7.		(Principal offi	ce street address)		
	7901 4th St N STE	E 300 St. Petersburg FL 33702	,		
		(Current mailin	ng address, if different)		
				•	OD.
8.	Name and street	address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	• 	
	Name:	Registered Agents Inc			, j
Δ	ffice Address:	7901 4th St N STE 300		0.5	
U	free Address.	St. Petersburg	. Florida 33702	ED PM 1:02	<u>.</u>
		(City)	(Zip code)	43 Fi	****
^	Danistana da ma			rri N	(D)
	. Registered age <i>aving been name</i>	nt's acceptance: ed as registered agent and to accept servi	ce of process for the above state		
de	esignated in this	application, I hereby accept the appointm	nent as registered agent and agr	ree to act in this capaci	ty. I
		omply with the provisions of all statutes r with and accept the obligations of my po		ete performance of my	aunes,
	,	,	J		
	I	David Capents			
	_	(Registered agent's s	ignature)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Charles Barney Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Goose Creek, SC. 29445	Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	Other		□Other
□Chairman	Name:	□Chairman	Name:	_
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director	<u> </u>	□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		<u> </u>
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other		□Other		Other
Important Notice; Individuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	hment will be image nt of State Annual Re	d for reporting pu	rposes only. Non-indexed
12.	Signature of Director or	Officer		
	ctor signing this document (and who is listed in number alse information submitted in a document to the Department	11 above) affirms th	nat the facts stated	herein are true and that he or

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Barney Enterprises Inc., a corporation duly organized under the laws of the State of South Carolina on June 20th, 2017, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 13th day of May, 2024.

Mark Hammond, Secretary of State