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TALLAHASSEE, FLORIDA

N CULLIGAN

NOV 26 2018

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Polaris Underwriting Technologies, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James W. Maxson
Name of Person

Edwards Maxson Mago & Macaulay, LLP
Firm/Company

307 W. Hill Street
Address

Decatur, Georgia 30030
City/State and Zip Code

jmaxson@em3law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James W. Maxson at (404) 343-0187
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☑ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Polaris Underwriting Technologies, LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
2957 Roses Branch Road Bakersville, NC 28705	2957 Roses Branch Road Bakersville, NC 28705

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

InCorp Services, Inc.
Name

17888 67th Court North
Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee	Florida	33470
City	State	Zip

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TALLAHASSEE, FLORIDA

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Courtney Thomas on behalf of InCorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR and MGR	Rita Loy 2957 Roses Branch Road Bakersville, NC 28705

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:_____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Rita Loy

Signature of a member or an authorized representative of a member.
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.

Rita Loy
Typed or printed name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James W. Maxson
1075 Peachtree Street, N.E., Suite 3650
Atlanta, Georgia 30306
Jmaxson@em3law.com
404-343-0187

October 18, 2019

Terri Schroeder
Amendment Section
Regulatory Specialist III
Florida Department of State
Division of Corporations
Terri.Schroeder@DOS.MyFlorida.com

Re: Fact Statement

Dear Ms. Schroeder:

Thank you for your call Wednesday morning. As per your request, please find the following Fact Statement:

On November 18, 2018, my client Polaris Underwriting Technology, LLC ("Polaris") mistakenly filed as a domestic LLC in the State of Florida. Polaris is an LLC organized under the laws of the State of Georgia.

Upon discovery of the error, my client was advised to convert from a Florida LLC (which it never was) to a Georgia LLC (which it already was), which conversion was completed on September 5, 2019. Due to the confusion, apparently the Florida Department of State's office determined that Polaris was a "non-qualified" entity.

Under this cover are the completed documents you sent me this morning, along with a Certificate of Existence for Polaris, dated as of today.

Sincerely,

EDWARDS MAXSON MAGO & MACAULAY, LLP

James W Maxson

JAMES W. MAXSON
PARTNER