

L22000085022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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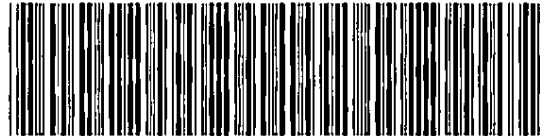
(Business Entity Name)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/01/2022

Acc#I20160000072

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Name:	Thriveassure Insurance Solutions LLC
Document #:	
Order #:	14184809

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Plain Copy:	<input type="checkbox"/>		
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Amount: \$ 160.00

Thank you!

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I – Name:

The name of the limited liability company is Thriveassure Insurance Solutions LLC.

ARTICLE II - Address

The street address of the principal office of the limited liability company is:

2177 Fairmont Lane
Naples, Florida 34120

The mailing address of the principal office of the limited liability company is:

2177 Fairmont Lane
Naples, Florida 34120

**ARTICLE III - Registered Agent, Registered Office, and Registered Agent's
Signature:**

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

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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.

By: /s/Amy Berteletti

Registered Agent's Signature (REQUIRED):

ARTICLE IV

The name and address of person(s) authorized to manage the limited liability company:

Title: AMBR

Name and Address: Thriveassure Inc.

The Corporation Trust Company
Corporation Trust Center, 1209 Orange Street
Wilmington, DE 19801

2022-11-11 PM 2:51
ED
OFFICE OF STATE
CLERK, FL

Title: AR

Name and Address: Eversheds Sutherland (US) LLP

The Grace Building, 40th Floor 1114 Avenue of the Americas
New York, NY 10036

REQUIRED SIGNATURE:

/s/John Pruitt, Eversheds Sutherland (US) LLP

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.

John Pruitt, Eversheds Sutherland (US) LLP

Typed or printed name of signee

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