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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SEUNETARY OF STATE
FALLAHASSEE, FLORIDA



March 31, 2010

DAN BEUTLER 141 RIVERS EDGE DRIVE SUITE 200 TRAVERSE CITY, MI 49684

SUBJECT: HAGERTYPLUS, LLC Ref. Number: M02000000110

We have received your document for HAGERTYPLUS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When I rejected this document I assumed you were trying to just change the jursidiction that is why I sent an Amendement form. Upon receiving your document back and looking at the name I see where the Company has since filed a Withdrawal. I rejected this on the 9th the Withdrawal was filed on the 11th. So now it appears you are wanting to file a New Delaware LLC. The fees to file a new LLC is \$125.00 therefore an additional filing of \$100.00 is needed. Also complete the Designation of Registered Agent form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 310A00005787

COVER LETTER

| Division of Corporations | | | | | | |
|---|---|--|--|--|--|--|
| SUBJECT: Name of Foreign Limited Liability Company | | | | | | |
| Name of Foreign Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed application, certificate and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| DAN BEUTLER | | | | | | |
| Name of Person | | | | | | |
| HAGERTY | | | | | | |
| Firm/Company | | | | | | |
| 141 RIVERS EDGE DRIVE, SNITE 200 | | | | | | |
| Address | | | | | | |
| TRAVERSE CITY, M149684 City/State and Zip Code | | | | | | |
| City/State and Zip Code | | | | | | |
| dbeutler@hagerty.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| DAN BEWTLER at (231) 933-3760. Name of Person Area Code & Daytime Telephone Number | | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: \$25 Filing Fee \$ \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, | | | | | | |
| \$25 Filing Fee \$\sum \square \$30 Filing Fee & \sum \square \$55 Filing Fee & \sum \square \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy | • | | | | | |
| HELD FROM PREVIOUS SUBMISSION. | | | | | | |

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

| | LIANCE WITH SECTION 608.503, FLORII IABILITY COMPANY TO TRANSACT BUSIN | | | ED TO REGISTER A FOREIGN |
|----------------------|---|---|---|--------------------------|
| 1(Na | home of Foreign Limited Liability Company | HagertyPlus, I | _ LC iited Liability Company," "L | L.C.," or "LLC.") |
| consent of | navailable, enter alternate name adopted for the managers or managing members adop ""L.L.C," "LLC.") | | | |
| 2 | Delaware | foreign limited liability 3. 36-4481598 (FEI number, if applicable) | | 98 |
| (Jurisdic company | ction under the law of which foreign limite y is organized) | ed liability | (FEI number, if app | olicable) |
| 4 | 01/01/2010 (Date of Organization) | 5 | Perpetua | al |
| | (Date of Organization) | (Du | ration: Year limited liability or "perpetual") | ≥% 3 |
| 6. 01/01 | | | | |
| | (Date first transacted bu (See sections 608,501 & 6 | siness in Florida, if p 608.502 F.S. to deter | prior to registration.) mine penalty liability) | ASS -6 |
| 7. <u>141 F</u> | Rivers Edge Drive, Suite 200 | | | |
| Trave | erse City, MI 49684 | | | STATE FLORDA |
| | (Stre | eet Address of Princ | pal Office) | <u>></u> m 6 |
| 8. If limi | ited liability company is a manager | -managed compa | ny, check here 🗸 | · |
| 9. The na | ame and usual business addresses of | of the managing n | nembers or managers are | e as follows: |
| Kim | Hagerty, 141 Rivers Edge Drive | , Suite 200, Tra | verse City, MI 49684 | |
| McK | eel Hagerty, 141 Rivers Edge D | rive, Suite 200, | Traverse City, MI 496 | 84 |
| Tam | my Hagerty, 141 Rivers Edge D | rive, Suite 200, | Traverse City, MI 496 | 84 |
| he jurisdict | ed is an original certificate of existence, no m ion under the law of which it is organized. (of the certificate under oath of the translator) | A photocopy is not a | | |
| 11. Natu | re of business or purposes to be con | nducted or promo | oted in Florida: Servi | ces that provide |
| | the preservation, sa | afety and enjoyr | ment of collector cars | <u></u> . |
| | <u> </u> | .1 | | |
| | (In accordance with section 6 | 508.408(3), F.S., the ex | d representative of a met ecution of this document constitute ae facts stated herein are true.) | |
| | Bacha | | usa | |
| | | or printed name | of signee | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|--|------------------------------|
| HagertyPlus, LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | 10 MAY |
| C T Corporation System | HAS HAS |
| (Name) | . ΥΩ ? |
| 1200 South Pine Island Road, c/o C T Corporation System Florida Street Address (P.O. Box NOT ACCEPTABLE) | PN 1:56 PF STATE EF, FLORIDA |
| Plantation, FL 33324 | |
| City/State/Zip | |
| | |

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 608, Florida Statutes.

Assistant Secretary Kettle Markowski

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAGERTYPLUS, 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

100194844

AUTHENTICATION: 7833399

DATE: 02-24-10

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