

M11 0000002405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

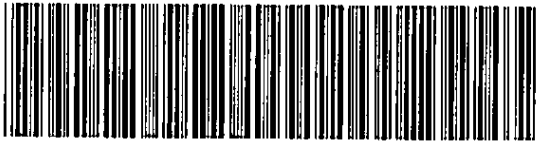
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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8/15/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVO Underwriting, LLC

\_\_\_\_\_  
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:

Angela Morgan

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

PO Box 800

\_\_\_\_\_  
Address

Oak Ridge TN 37831-0800

\_\_\_\_\_  
City/State and Zip Code

licensing@appund.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Morgan

\_\_\_\_\_  
Name of Person

at ( 865 ) 425-7398

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AIC Underwriters, LLC

Enter new principal office address, if applicable: No Change

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No Change

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M11000002405

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 5/10/2011

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: INVO Underwriting, LLC

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: No Change

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Tennessee

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

No Change

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Robert J Arowood

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**ANGELA MORGAN**  
PO BOX 800  
OAK RIDGE, TR 37831-0800

July 14, 2021

**Request Type: Certificate of Existence/Authorization**  
Request #: 0426446

Issuance Date: 07/14/2021  
Copies Requested: 1

**Document Receipt**

Receipt #: 006504390 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3810389411 \$20.00

**Regarding: INVO Underwriting LLC**  
Filing Type: Limited Liability Company - Domestic Control #: 657823  
Formation/Qualification Date: 05/09/2011 Date Formed: 05/09/2011  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County: ANDERSON COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**INVO Underwriting LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 047415126



**Tre Hargett**  
Secretary of State

**Division of Business Services**

**Department of State**

**State of Tennessee**

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

ANGELA MORGAN  
PO BOX 800  
OAK RIDGE, TN 37831-0800

**Request Type: No Fee Certified Copies**

**Request #:** 428055

**Issuance Date:** 07/26/2021

**Copies Requested:** 1

**Document Receipt**

**Receipt # :**

**Filing Fee:**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **INVO Underwriting LLC**, Control # 657823 was formed or qualified to do business in the State of Tennessee on 05/09/2011. INVO Underwriting LLC has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett  
Secretary of State

**Processed By:** Tiffany Washington

The attached document(s) was/were filed in this office on the date(s) indicated below:

<b>Reference #</b>	<b>Date Filed</b>	<b>Filing Description</b>
6890-1437	05/09/2011	Initial Filing
A0130-2038	06/02/2012	Notice of Determination
A0141-1839	08/09/2012	Dissolution/Revocation - Administrative
A0219-1178	03/06/2014	2011 Annual Report (Due 04/01/2012)
A0219-1229	03/06/2014	2012 Annual Report (Due 04/01/2013)
A0219-1275	03/06/2014	2013 Annual Report (Due 04/01/2014)
B0003-2344	09/17/2014	Application for Reinstatement
B0073-1620	03/19/2015	2014 Annual Report (Due 04/01/2015)
B0207-5584	03/03/2016	2015 Annual Report (Due 04/01/2016)
B0366-5295	03/22/2017	2016 Annual Report (Due 04/01/2017)
B0522-6768	03/27/2018	2017 Annual Report (Due 04/01/2018)
B0649-8492	02/08/2019	2018 Annual Report (Due 04/01/2019)
B0811-5547	02/05/2020	2019 Annual Report (Due 04/01/2020)
B0889-4757	07/15/2020	Conversion

The attached document(s) was/were filed in this office on the date(s) indicated below:

<b>Reference #</b>	<b>Date Filed</b>	<b>Filing Description</b>
B0959-5535	12/22/2020	2020 Annual Report (Due 04/01/2021)
B1065-0849	07/06/2021	Articles of Amendment

State of Tennessee



Department of State  
Corporate Filings  
312 Rosa L. Parks Avenue  
6<sup>th</sup> Floor, William R. Snodgrass Tower  
Nashville, TN 37243

APPLICATION FOR  
CERTIFICATE OF AUTHORITY  
(Limited Liability Company)

For Office Use Only  
STATE CLERK  
2011 MAY -9 AM 9:55  
TREASURER  
SECRETARY OF STATE

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of §48-249-904 of the Tennessee Revised Limited Liability Company Act, the undersigned hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The name of the Limited Liability Company is: AIC Underwriters, LLC

If different, the name under which the certificate of authority is to be obtained is: \_\_\_\_\_

NOTE: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign Limited Liability Company if its name does not comply with the requirements of § 48-249-106 of the Tennessee Revised Limited Liability Company Act. If obtaining a certificate of authority under an assumed Limited Liability Company name, an application must be filed pursuant to § 48-249-106(d).

2. The state or country under whose law it is formed is Louisiana  
and its date of its formation is: 12/20/2010 (must be month, day and year)

3. The complete street address (including zip code) of its principal executive office is:  
450 Laurel St., Ste 1900 Baton Rouge, LA 70801  
Street City/State Zip Code

4. The complete street address (including the county and the zip code) of its registered office in Tennessee:  
800 S. Gay St. Ste 2021 Knoxville, TN 37929  
Street City/State County Zip Code  
The name of its registered agent at that office is: CT Corporation System

5. If the provisions of TCA §48-249-309(i) (relating to foreign series LLCs) apply, then the information required by that section should be attached as part of this document

6. The number of members at the date of filing if more than six (6): \_\_\_\_\_

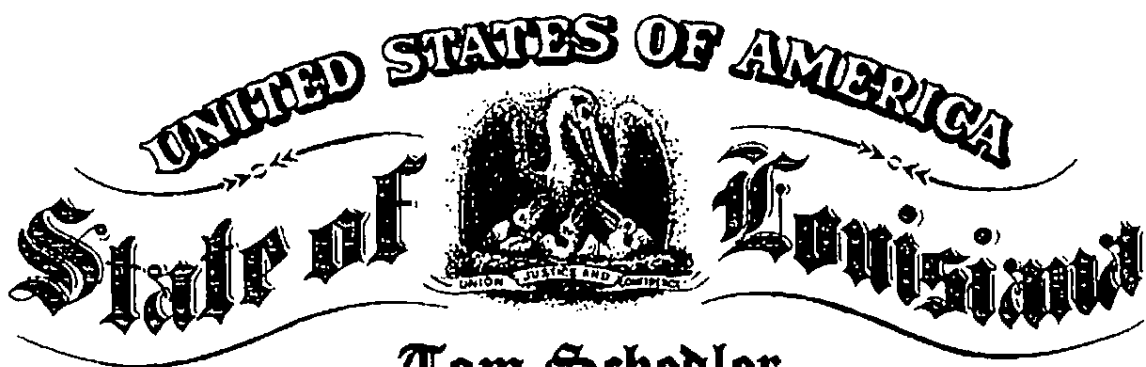
7. If the limited liability company commenced doing business in Tennessee prior to the approval of this application, the date of commencement (month, day and year) \_\_\_\_\_ NOTE: Additional filing fees may apply. See section 48-249-913(d)

NOTE: This application must be accompanied by a certificate of existence or a document of similar import (for example, a certificate of good standing) duly authenticated by the Secretary of State or other official having custody of the Limited Liability Company records in the state or country under whose law it is organized. The certificate shall not bear a date of more than two (2) months prior to the date the application is filed in this state.

5/16/11  
Signature Date  
Manager  
Signor's Capacity

AIC Underwriters, LLC  
Name of Limited Liability Company  
Robert J. Arowood  
Signature  
Robert J. Arowood  
Name (typed or printed)





**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Organization of

**AIC UNDERWRITERS, LLC**

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 20, 2010,

I further certify that no Certificate of Dissolution has been issued.

STATE OF LOUISIANA  
2011 MAY -9 AM 9:56  
SECRETARY OF STATE

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 5, 2011

*Secretary of State*

Web 40378641K



Certificate ID: 10164355#JHH62

To validate this certificate, visit the following web site,  
go to **Commercial Division, Certificate Validation**,  
then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)



STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**C T CORPORATION SYSTEM**

RE: AIC Underwriters, LLC  
STE 2021  
800 S GAY ST  
KNOXVILLE, TN 37929-9710

Issuance Date: June 2, 2012

**RE: Notice of Determination for AIC Underwriters, LLC**

Control # 657823

Dear Business Entity:

Pursuant to the provisions of §48-25-301 or §48-246-501 of the Tennessee Limited Liability Company Act or §48-249-604 or §48-249-908 of the Tennessee Revised Limited Liability Company Act, it has been determined that the following ground(s) exist(s) for the administrative dissolution of the above limited liability company, if a Tennessee limited liability company, or the revocation of its certificate of authority, if a foreign limited liability company:

The annual report which was due on or before 04/01/2012 has not been filed. You may generate the annual report form from our website (<http://TNBear.TN.gov/AR>) and either file it electronically or mail the paper document to the Tennessee Secretary of State at the address noted on the annual report form.

**If each ground for dissolution or revocation is not corrected or proven not to exist within two (2) months after the issuance date of this notice, the business entity and any associated assumed name(s) shall be administratively dissolved or may have its certificate of authority revoked, as appropriate.**

**If you have questions, please contact us at the number noted below.**

Sincerely,

Business Services Division

Image # A0130-2038



STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**C T CORPORATION SYSTEM**

RE: AIC Underwriters, LLC  
STE 2021  
800 S GAY ST  
KNOXVILLE, TN 37929-9710

**Certificate of Administrative Revocation**

Issuance Date: August 9, 2012

**RE: AIC Underwriters, LLC**

Control # 657823

Effective Date: 08/09/2012

Image # A0141-1839

Dear Business Entity:

Pursuant to the provisions of §48-245-302 or §48-246-502 of the Tennessee Limited Liability Company Act or §48-249-605 or §48-249-909 of the Tennessee Revised Limited Liability Company Act, this constitutes notice that the above limited liability company, and any associated assumed name(s) is hereby administratively dissolved, if a Tennessee limited liability company, or that its certificate of authority is revoked, if a foreign limited liability company, for the following reason(s):

For failure to file the required Annual Report.

The limited liability company or its certificate of authority may be reinstated upon the elimination of the above indicated ground(s) and the filing of an application for reinstatement. The limited liability company name must be available and otherwise satisfy the requirements of Section 48-207-101 of the Tennessee Limited Liability Act or Section 48-249-106 of the Tennessee Revised Limited Liability Company Act. The reinstatement application fee is Seventy Dollars (\$70.00). The appropriate reinstatement form can be downloaded from our website (noted below).

Tre Hargett  
Secretary of State



# Tennessee Limited Liability Company Annual Report Form

AR Filing #: 04082502

File online at: <http://TNBear.TN.gov/AR>

FILED: Mar 6, 2014 3:03PM

Due on/Before: 04/01/2012

Reporting Year: 2011

DLN #: A0219-1178.001

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records

CC Payment Ref #: 154756505

**SOS Control Number:** 657823

Limited Liability Company - Foreign

Date Formed: 12/20/2010

Formation Locale: LOUISIANA

**(1) Name and Mailing Address:**AIC Underwriters, LLC  
STE A-1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949**(2) Principal Office Address:**STE A-1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949**(3) Registered Agent (RA) and Registered Office (RO) Address:**CORPORATION SERVICE COMPANY  
2908 POSTON AVE  
NASHVILLE, TN 37203-1312Agent Changed: YesAgent County: DAVIDSON COUNTY(4) This LLC is (change if incorrect) ☐ Director Managed, ☐ Manager Managed, ☒ Member Managed,  
☐ Board Managed, ☐ Other

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Robert J Arowood	800 OAK RIDGE TPKE	OAK RIDGE, TN 37830-6949

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 1☐ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 03/06/2014 3:03 PM

(9) Type/Print Name: Robert J Arowood

(10) Title: President



# Tennessee Limited Liability Company Annual Report Form

AR Filing #: 04082686

File online at: <http://TNBear.TN.gov/AR>

FILED: Mar 6, 2014 3:24PM

Due on/Before: 04/01/2013

Reporting Year: 2012

DLN #: A0219-1229.001

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000  
\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully  
paid for and filed. Please keep this report for  
your records.

CC Payment Ref #: 154757348

SOS Control Number: 657823

Limited Liability Company - Foreign

Date Formed: 12/20/2010

Formation Locale: LOUISIANA

**(1) Name and Mailing Address:**

AIC Underwriters, LLC  
STE A-1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949

**(2) Principal Office Address:**

STE A-1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

CORPORATION SERVICE COMPANY  
2908 POSTON AVE  
NASHVILLE, TN 37203-1312

Agent Changed: NoAgent County: DAVIDSON COUNTY

(4) This LLC is (change if incorrect)     Director Managed,     Manager Managed, X Member Managed,  
    Board Managed,     Other

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Robert J Arowood	800 OAK RIDGE TPKE	OAK RIDGE, TN 37830-6949

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 1

    This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic(8) Date: 03/06/2014 3:24 PM(9) Type/Print Name: Robert J Arowood(10) Title: Member



# Tennessee Limited Liability Company Annual Report Form

AR Filing #: 04082842

File online at: <http://TNBear.TN.gov/AR>

FILED Mar 6, 2014 3:45PM

Due on/Before: 04/01/2014

Reporting Year: 2013

DLN #: A0219-1275.001

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

CC Payment Ref #: 154758123

**SOS Control Number:** 057823

Limited Liability Company - Foreign

Date Formed: 12/20/2010

Formation Locale: LOUISIANA

**(1) Name and Mailing Address:**

AIC Underwriters, LLC

STE A-1000

800 OAK RIDGE TPKE

OAK RIDGE, TN 37830-6949

**(2) Principal Office Address:**

STE A-1000

800 OAK RIDGE TPKE

OAK RIDGE, TN 37830-6949

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

CORPORATION SERVICE COMPANY

2908 POSTON AVE

NASHVILLE, TN 37203-1312

Agent Changed: NoAgent County: DAVIDSON COUNTY(4) This LLC is (change if incorrect) ☐ Director Managed, ☐ Manager Managed, ☒ Member Managed.  
Board Managed, ☐ Other

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Robert J Arowood	800 OAK RIDGE TPKE	OAK RIDGE, TN 37830-6949

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 1☐ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 03/06/2014 3:45 PM

(9) Type/Print Name: Robert J Arowood

(10) Title: President

State of Tennessee



Department of State  
Corporate Filings  
312 Rosa L. Parks Avenue  
6<sup>th</sup> Floor, William K. Snodgrass Tower  
Nashville, TN 37243

APPLICATION FOR REINSTATEMENT  
FOLLOWING ADMINISTRATIVE  
DISSOLUTION/REVOCATION  
(LLC)

For Office Use Only

Pursuant to the provisions of §48-245-303 or §48-246-503 of the Tennessee Limited Liability Company Act or §48-259-606 or §48-249-910 of the Tennessee Revised Limited Liability Company Act, this application is submitted to the Tennessee Secretary of State for reinstatement.

1. The name of the Limited Liability Company is AIC Underwriters, LLC

(Name change if applicable) \_\_\_\_\_

2. The effective date of its administrative dissolution/revocation is 08/08/2012

(must be month, day and year)

3. The ground(s) for the administrative dissolution/revocation

☐ did not exist.

☒ has/have been eliminated.

[NOTE: Please mark the applicable box]

4. The Limited Liability Company name as listed in number one (1) satisfies the name requirements of Tennessee Limited Liability Company Act or Tennessee Revised Limited Liability Company Act, as applicable.

5. The Limited Liability Company control number assigned by the Secretary of State, if known is  
657823

August 11, 2014  
Signature Date

Manager

Signer's Capacity

AIC Underwriters LLC

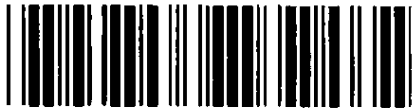
Name of Limited Liability Company

[Signature]  
Signature

Robert J. Arowood

Name (typed or printed)

EC000342344 09/17/2014 11:28 AM Received by Tennessee Secretary of State Tre Hargett



04865092

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 04865092

File online at: <http://TNBear.TN.gov/AR>

FILED: Mar 19, 2015 12:47 PM

Due on/Before: 04/01/2015

Reporting Year: 2014

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

CC Payment Ref #: 161325859

**SOS Control Number:** 657823

Limited Liability Company - Foreign

Date Formed: 12/20/2010

Formation Locale: LOUISIANA

**(1) Name and Mailing Address:**AIC Underwriters, LLC  
STE A-1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949**(2) Principal Office Address:**STE A-1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949**(3) Registered Agent (RA) and Registered Office (RO) Address:**CORPORATION SERVICE COMPANY  
2908 POSTON AVE  
NASHVILLE, TN 37203-1312Agent Changed: NoAgent County: DAVIDSON COUNTY(4) This LLC is (change if incorrect):      Director Managed,      Manager Managed, X Member Managed,  
     Board Managed,      Other.

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Robert Purdy	800 OAK RIDGE TURNPIKE A-1000	OAK RIDGE, TN 37830

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 1     This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 03/19/2015

(9) Type/Print Name: Robert Purdy

(10) Title: Manager

B0073-1620 03/19/2015 12:47 PM Received by Tennessee Secretary of State The Hargett





05211410

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 05211310

File online at: <http://TNBear.TN.gov/AR>

FILED: Mar 3, 2016 12:21PM

Due on/Before: 04/01/2016

Reporting Year: 2015

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000  
\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully  
paid for and filed. Please keep this report for  
your records.

Payment-Credit Card - State Payment  
Center - CC #: 3664526658

**SOS Control Number:** 657823

Limited Liability Company - Foreign

Date Formed: 12/20/2010

Formation Locale: LOUISIANA

**(1) Name and Mailing Address:**

AIC Underwriters, LLC  
STE A-1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949

**(2) Principal Office Address:**

STE A-1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

CORPORATION SERVICE COMPANY  
2908 POSTON AVE  
NASHVILLE, TN 37203-1312

Agent Changed: NoAgent County: DAVIDSON COUNTY

(4) This LLC is (as currently registered in Tennessee): ☐ Director Managed, ☐ Manager Managed, ☒ Member Managed,  
☐ Board Managed, ☐ Other.

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or  
managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their  
equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 1

☐ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 03/03/2016

(9) Type/Print Name: Robert Purdy

(10) Title: Manager

BC207-5564 03/03/2016 12:21 PM Received by Tennessee Secretary of State Tre Hargett



05701107

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 05701107

File online at: <http://TNBear.TN.gov/AR>

FILED: Mar 22, 2017 1:06PM

Due on/Before: 04/01/2017

Reporting Year: 2016

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-Credit Card - State Payment Center - CC #: 3697892710

**SOS Control Number:** 657823

Limited Liability Company - Foreign

Date Formed: 12/20/2010

Formation Locale: LOUISIANA

**(1) Name and Mailing Address:**

AIC Underwriters, LLC

STE A-1000

800 OAK RIDGE TPKE

OAK RIDGE, TN 37830-6949

**(2) Principal Office Address:**

STE A-1000

800 OAK RIDGE TPKE

OAK RIDGE, TN 37830-6949

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

CORPORATION SERVICE COMPANY

2908 POSTON AVE

NASHVILLE, TN 37203-1312

Agent Changed: NoAgent County: DAVIDSON COUNTY(4) This LLC is (as currently registered in Tennessee): ☐ Director Managed, ☐ Manager Managed, ☒ Member Managed, ☐ Board Managed, ☐ Other.

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 1☐ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 03/22/2017

(9) Type/Print Name: Robert Purdy

(10) Title: President

B0366-5295 03/22/2017 1:06 PM Received by Tennessee Secretary of State Tre Hargett



06/20985/

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 06229852

File online at: <https://TNSearch.TN.gov/>

FILED: Mar 27, 2018 11:03AM

Due on/Before: 04/01/2018

Reporting Year: 2017

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-Credit Card - State Payment Center - CC #: 3725412098

**SOS Control Number:** 657823

Limited Liability Company - Foreign

Date Formed: 12/20/2010

Formation Locale: LOUISIANA

**(1) Name and Mailing Address:**

AIC Underwriters, LLC

STE 900

800 OAK RIDGE TPKE

OAK RIDGE, TN 37830-6957

**(2) Principal Office Address:**

STE 900

800 OAK RIDGE TPKE

OAK RIDGE, TN 37830-6957

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

CORPORATION SERVICE COMPANY

2908 POSTON AVE

NASHVILLE, TN 37203-1312

Agent Changed: NoAgent County: DAVIDSON COUNTY(4) This LLC is (as currently registered in Tennessee): ☐ Director Managed, ☐ Manager Managed, ☒ Member Managed, ☐ Board Managed, ☐ Other.

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Anne Heath	800 OAK RIDGE TNPKE S900	OAK RIDGE, TN 37830

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

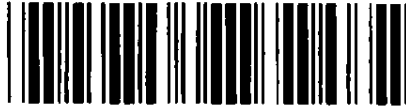
(6) Number of members on the date the annual report is executed: 1☐ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 03/27/2018

(9) Type/Print Name: Anne Heath

(10) Title: President



06528379

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 06528379

File online at: <https://TNBear.TN.gov/>

FILED: Feb 8, 2019 7:53AM

Due on/Before: 04/01/2019

Reporting Year: 2018

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-Credit Card - State Payment Center - CC #: 3749707766

**SOS Control Number:** 657823

Limited Liability Company - Foreign

Date Formed: 12/20/2010

Formation Locale: LOUISIANA

**(1) Name and Mailing Address:**

AIC Underwriters, LLC

PO BOX 800

OAK RIDGE, TN 37831-0800

**(2) Principal Office Address:**

STE 1000

800 OAK RIDGE TPKE

OAK RIDGE, TN 37830-6949

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

CORPORATION SERVICE COMPANY

2908 POSTON AVE

NASHVILLE, TN 37203-1312

Agent Changed: NoAgent County: DAVIDSON COUNTY(4) This LLC is (as currently registered in Tennessee):     Director Managed,     Manager Managed, X Member Managed,     Board Managed,     Other.

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Robert Arowood	800 OAK RIDGE TNPKE SUITE 1000	OAK RIDGE, TN 37830

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 1    This LLC is prohibited from doing business in Tennessee (check if applicable)(7) Signature: Electronic(8) Date: 02/08/2019(9) Type/Print Name: Donna L Steele(10) Title: Licensing Spec

06528379-2019-02/08/2019 7:53 AM RECEIVED BY STATE CLERK



# Tennessee Limited Liability Company Annual Report Form

AR Filing #: 06980096

File online at: <https://TNBear.TN.gov/>

FILED: Feb 5, 2020 2:47PM

Due on/Before: 04/01/2020

Reporting Year: 2019

## Annual Report Filing Fee Due:

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000  
\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-Credit Card - State Payment Center - CC #: 3774943765

SOS Control Number: 657823

Limited Liability Company - Foreign

Date Formed: 12/20/2010

Formation Locale: LOUISIANA

### (1) Name and Mailing Address:

AIC Underwriters, LLC  
PO BOX 800  
OAK RIDGE, TN 37831-0800

### (2) Principal Office Address:

STE A1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949

### (3) Registered Agent (RA) and Registered Office (RO) Address:

CORPORATION SERVICE COMPANY  
2908 POSTON AVE  
NASHVILLE, TN 37203-1312

Agent Changed: No

Agent County: DAVIDSON COUNTY

(4) This LLC is (as currently registered in Tennessee):     Director Managed,     Manager Managed, X Member Managed,     Board Managed,     Other.

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Robert Arowood	800 OAK RIDGE TNPKE SUITE 1000	OAK RIDGE, TN 37830

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 1



    This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 02/05/2020

(9) Type/Print Name: Robert Arowood

(10) Title: Member

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p><b>State of Tennessee</b>  <b>Department of State</b>  Corporate Filings  312 Rosa L. Parks Ave.  6<sup>th</sup> Floor, William R. Snodgrass Tower  Nashville, TN 37243</p> </div> <div style="text-align: center;"> <b>CERTIFICATE OF CONVERSION</b>  (Another Business Entity Into LLC) </div> </div>	<i>For Office Use Only</i>
Pursuant to the provisions of §48-249-703 of the Tennessee Revised Limited Liability Company Act, the undersigned Limited Liability Company hereby submits this certificate of conversion:	
1. The name of the domestic limited liability company as set forth in its articles of organization is: <u>AIC Underwriters, LLC</u>	
2. The name of the converting other business entity immediately prior to the filing of the certificate of conversion is: <u>AIC Underwriters, LLC</u>	
3. The jurisdiction in which the converting other business entity was formed is <u>LOUISIANA</u> , its date of formation is <u>12/20/2010</u> (month/day/year), and its business type is a <u>Limited Liability Company</u>	
4. All required approvals of the conversion have been obtained by the other business entity.	
5. If the conversion is not to be effective upon the filing of the certificate of conversion and articles of organization, then the future effective date or time of the conversion to a domestic LLC is: Date: _____, Time: _____	
<u>July 9, 2020</u> Signature date	 Signature
<u>Member of LLC</u> Signer's capacity	<u>Robert J. Anawood</u> Name (typed or printed)
<div style="display: flex; justify-content: space-between;"> <span>SS-4268 (Rev. 06/07)</span> <span>Filing Fee \$20</span> <span>RDA 2458</span> </div>	

# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (ss-4270)

Page 1 of 2



Business Services Division  
Tre Hargett, Secretary of State  
State of Tennessee  
312 Rosa L. Parks AVE, 6th Fl  
Nashville, TN 37243-1102  
(615) 741-2286

Filing Fee: \$50.00 per member  
(minimum fee = \$300, maximum fee = \$3,000)

For Office Use Only

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: AIC Underwriters, LLC

(NOTE: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

☒ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: \_\_\_\_\_

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:

Name: Corporation Service Company

Address: 2908 Poston Ave

City: Nashville State: TN Zip Code: 37203 County: Davidson

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is: (Not to exceed 90 days)

Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_  
Month Day Year

7. The Limited Liability Company will be: ☒ Member Managed ☐ Manager Managed ☐ Director Managed

8. Number of Members at the date of filing: 2

9. Period of Duration: ☒ Perpetual ☐ Other \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

10. The complete address of the Limited Liability Company's principal executive office is:

Address: 800 Oak Ridge Turnpike, Suite A-1000

City: Oak Ridge State: TN Zip Code: 37830 County: Anderson

# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (ss-4270)

Page 2 of 2



Business Services Division  
Tre Hargett, Secretary of State  
State of Tennessee

312 Rosa L. Parks AVE, 6th Fl.  
Nashville, TN 37243-1102  
(615) 741-2286

Filing Fee: \$50.00 per member  
(minimum fee = \$300, maximum fee = \$3,000)

For Office Use Only

The name of the Limited Liability Company is: AIC Underwriters, LLC

11. The complete mailing address of the entity (if different from the principal office) is:

Address: PO Box 800

City: Oak Ridge

State: TN

Zip Code: 37831

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

- ☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

- ☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.  
Licensed Profession: \_\_\_\_\_

14. Series LLC (required only if the Additional Designation of "Series LLC" is entered in section 3.)

- ☐ I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

- ☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

- ☐ I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT AN ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

- ☐ This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions: \_\_\_\_\_

July 9, 2020

Signature Date

Member of LLC

Signer's Capacity (if other than individual capacity)

Signature

Robert J. Aronwood

Name (printed or typed)





07402902

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 07402902

File online at: <https://TNBear.TN.gov/>

FILED: Dec 22, 2020 7:40AM

Due on/Before: 04/01/2021

Reporting Year: 2020

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-Credit Card - State Payment Center - CC #: 3795321483

**SOS Control Number:** 657823

Limited Liability Company - Domestic

Date Formed: 05/09/2011

Formation Locale: TENNESSEE

**(1) Name and Mailing Address:**AIC Underwriters, LLC  
PO BOX 800  
OAK RIDGE, TN 37831-0800**(2) Principal Office Address:**STE A1000  
800 OAK RIDGE TPKE  
OAK RIDGE, TN 37830-6949**(3) Registered Agent (RA) and Registered Office (RO) Address:**CORPORATION SERVICE COMPANY  
2908 POSTON AVE  
NASHVILLE, TN 37203-1312Agent Changed: NoAgent County: DAVIDSON COUNTY(4) This LLC is (as currently registered in Tennessee): Director Managed, Manager Managed, X Member Managed, Board Managed (appropriate if formed prior to 1/1/2006 only).

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.



Name	Business Address	City, State, Zip
Robert J Arowood	800 OAK RIDGE TPKE STE A1000	OAK RIDGE, TN 37830
WILLIAM M AROWOOD	800 OAK RIDGE TPKE STE A1000	OAK RIDGE, TN 37830

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 2       This LLC is prohibited from doing business in Tennessee (check if applicable)(7) Signature: Electronic(8) Date: 12/22/2020(9) Type/Print Name: Robert J Arowood(10) Title: Oak Ridge

20959-5533 12/22/2020 7:40 AM Received by Tennessee Secretary of State Filed

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p><b>State of Tennessee</b>  <b>Department of State</b>          Corporate Filings          312 Rosa L. Parks Ave.          6<sup>th</sup> Floor, William R. Snodgrass Tower          Nashville, TN 37243</p> </div> <div style="text-align: center;"> <p><b>ARTICLES OF AMENDMENT          TO ARTICLES OF ORGANIZATION          (LLC)</b></p> </div> </div>	For Office Use Only
LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>657823</u>	
PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:	
PLEASE MARK THE BLOCK THAT APPLIES: <input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE. <input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE _____, _____ (DATE) _____ (TIME). (NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.	
1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: <u>AIC Underwriters, LLC</u> IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW: <u>INVO Underwriting LLC</u>	
2. PLEASE INSERT ANY CHANGES THAT APPLY: A. PRINCIPAL ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>CITY</span> <span>STATE/COUNTY</span> <span>ZIP CODE</span> </div> B. REGISTERED AGENT: _____ C. REGISTERED ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> <span>COUNTY</span> </div> D. OTHER CHANGES: _____	
3. THE AMENDMENT WAS DULY ADOPTED ON <u>07</u> <u>02</u> <u>2021</u> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>MONTH</span> <span>DAY</span> <span>YEAR</span> </div> <p>(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE</p> <p><input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED</p> <p><input checked="" type="checkbox"/> MEMBERS</p>	
Member _____ SIGNER'S CAPACITY	<div style="text-align: center;">           SIGNATURE  <u>Robert J Arowood</u>          NAME OF SIGNER (TYPED OR PRINTED)       </div>
SS-4247 (REV. 01/06)                      Filing Fee: \$20.00                      RDA 2458	