M/200002876

| | • | | |
|---------------------|--------------------------|--|--|
| | (Requestor's Name) | | |
| | (Address) | | |
| | (Address) | | |
| | (City/State/Zip/Phone #) | | |
| PICK-U | IP WAIT MAIL | | |
| | (Business Entity Name) | | |
| | (Document Number) | | |
| Certified Copies | Certificates of Status | | |
| Special Instruction | ns to Filing Officer: | | |
| A. LUNT | | | |

700234907367

SECRETARY OF SEATE

RECEIVED
DEPARTMENT OF STAT

A. LUNT
MAY 23 2011
EXAMINER

Office Use Only

MAY 23 2011

EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE : 208359 7588490 AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: May 17, 2012 ORDER TIME : 12:42 PM ORDER NO. : 208359-100 CUSTOMER NO: 7588490 FOREIGN FILINGS NAME: VERACITY INSURANCE SOLUTIONS, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Becky Peirce -- EXT# 2919 EXAMINER:

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|---------|--|--|
| SUBJI | T: Veracity Insurance Solutions, LLC | |
| | Name of Limited Liability Company | |
| | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce, and check are submitted to register the above referenced foreign limited liability company to transact busines | |
| Please | turn all correspondence concerning this matter to the following: | |
| | Vilate B. Van Leeuwen | |
| | Name of Person | |
| | Veracity Insurance Solutions, LLC | 200 |
| | Firm/Company | TI CAN AND AND AND AND AND AND AND AND AND A |
| | 260 \$ 2500 W \$1E 303 | |
| | Address $\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}}}}}$ | |
| | Pleasant Grove, UT 84062 | |
| | City/State and Zip Code | |
| | Melanie@Veracityins.com | |
| | E-mail address: (to be used for future annual report notification) | |
| For fur | er information concerning this matter, please call: | , |
| | Vilate B. Van Leeuwen at (801) 763-1375 | • |
| | Name of Person Area Code & Daytime Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 | |
| | d is a check for the following amount: \$125.00 Filing Fee \(\) \$130.00 Filing Fee & \(\) \$155.00 Filing Fee & \(\) \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy | |

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Veracity Insurance Solutions, LLC (Name of Foreign Limited Liability Company; must include the second sec | de "Limited Liability Company," "L.L.C.," | or "LLC.") |
|---|---|------------------|
| (If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.") | | |
| 2. Utah | 27-5272223 | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable |) |
| 4, 03/08/2011 5 | Perpetual | |
| (Date of Organization) | (Duration: Year limited liability compa exist or "perpetual") | ny will cease to |
| 6. 2/1/2012 | ······ , | 36 78 17 |
| (Date first transacted business in Flo (See sections 608.501 & 608.502 F.S. | rida, if prior to registration.) to determine penalty liability) | |
| 7, 260 S 2500 W STE 303, Pleasant Grove, UT 84062 | | HAY 22 |
| | | Ties 🛌 Ties |
| (Street Address of | of Principal Office) | |
| 8. If limited liability company is a manager-managed | company, check here 🔀 | <u></u> |
| 9. The name and usual business addresses of the mana | iging members or managers are as fo | ollows: |
| Daryle E. Stafford | | |
| 260 S 2500 W STE 303, Pleasant Grove, UT 8406 | 2 | |
| 10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm | is not acceptable. If the certificate is in a for | • |
| 11. Nature of business or purposes to be conducted or | promoted in Florida: Insurance Sale | ès |
| | | · |
| | horized representative of a member. | |
| (In accordance with section 608.408(3), F.S., the execu penalties of perjury that the facts stated herein are true document to the Department of State constitutes | e. I am aware that any false information sub | mitted in a |

Typed or printed name of signee

Daryle E. Stafford

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: | |
|--|---|
| Veracity Insurance Solutions, LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | A ST |
| 2. The name and the Florida street address of the registered agent and office an | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Corporation Service Company | |
| (Name) | |
| 1201 Hays Street | 3 8 |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| Tallahassee FL 32301 | |
| 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.

Corporation Service Company

By: JOHN H. PELLETIER

(Signature)

ASST. VICE PRESIDENT

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



Utah Department of Commerce

Division of Corporations & Commercial Code 160 East 300 South, 2nd Floor, PO Box 146705

> Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

05/17/2012 7933649-016005172012-2341367

CERTIFICATE OF EXISTENCE

Registration Number:

7933649-0160

Business Name:

VERACITY INSURANCE SOLUTIONS, LLC

Registered Date:

March 08, 2011

Entity Type:

LLC - Domestic

Current Status: Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hacky Berg

Kathy Berg Director

Division of Corporations and Commercial Code