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Wolters Kluwer	2075 Centre Pointé Bou	levard, Tallanassee, F	-L, 32308	850-205-8
MY AGENT SOLUTION, INC.	,	P07000128842		
(***Please File the Conversion 2	and LLC Registration si	multaneously****)		
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Thank you!				
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## **COVER LETTER**

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SUBJECT: _	My Agent Solution	,LLC	•			•
20202011		Name of	Limited Liability C	Company		-
		reign Limited Liability Coned to register the above refe				
Please return a	Il correspondence	concerning this matter to the	e following:			
	Jonathan Gopr	nan				
		ĵ	Name of Person			•
	Akerman LLP					
		I	irm/Company	· <del></del>		-
	9128 Strada Pi	ace, Suite 10205				_
			Address	·		
	Naples, Florida	34108				
		City/s	State and Zip Code			•
	jonathan.gopma	n@akerman.com				
		E-mail address: (to be use	d for future annual	report not	ification)	•
For further info	ornation concernin	g this matter, please call:				
Jonat	han Gopman	:	239 at (	449-56	00 time Telephone Number	-
·	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	LING ADDRESS: on of Corporations			STREET Division	ADDRESS: of Corporations	
Regis	tration Section			Registrati	on Section	
	Box 6327 nassee, FL 32314				uilding cutive Center Circle ec, FL 32301	
	heck for the follow 25.00 Filing Fee	ing amount:  \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. My Agent Solution, LL	i		
	Ç		
(Name of Fore	ign Limited Liability Company; must include "Limited Lia	bility Company," "L.L.C.," or "LLC.")	
•	: İ		
(If name unavailable, enter al Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting busine or "LLC.")	ss in Florida. The alternate name must inclu-	de "Limited
Nevada	26-1523720		
	Which foreign limited liability	(FEI number, if applicable)	
November 20,	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determin		
1002 East Newport Cer	• •	- politicy matrice,	
Deerfield Beach, Floric	i		
1002 East Newport Cen	(Street Address of Principal Office) ler Drive, Suite 200		
Deerfield Beach, Florid	!		
•	(Mailing Address)	<del></del>	
. Name and street address	of Florida registered agent: (P.O. Box NOT accept	able)	
Name:	NRAI Services, Inc.	, -	
Office Address:	1200 South Pine Island Road	-	
	Plantation	, Florida <u>33324</u>	•
	nnee.		
laving been named as reg esignated in this application ocomplywith the provision	nnce: istered agent and to accept service of process for the pn, I hereby accept the appointment as registered a ps of all sfatutes relative to the proper and complete p position as registered agent NRAI Services. Inc.	gent and agree to act in this capacity, j	further agr imili <del>ar w</del> ith
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SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MY AGENT SOLUTION, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 20, 2015, and is in good standing in this state.



You may verify this electronic certificate online at http://www.nvsos.gov/

Electronic Certificate
Certificate Number: C20151124-1557

IN WITNESS WHEREOF, I have hereinto settly hand and affixed the Great Seal of State, at my office on November 24, 2015.

BARBARA K. CEGAVSKE Secretary of State