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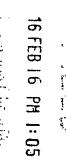
(Requestor's Name)						
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FEB 2 2 2016 Y SULKER

WH6-5854



January 27, 2016

THOMAS SCHICKEL 1740 PLATTLE ST DENVER, CO 80202

SUBJECT: DEPOSIT Q & RENTERSIQ INSURANCE AGENCY, LLC

Ref. Number: W16000005854

We have received your document for DEPOSIT Q & RENTERSIQ INSURANCE AGENCY, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 516A00001834

COVER LETTER

	gistration Section vision of Corporation	s					
SUBJECT:		sIQ Insurance Agency, LLC					
SUBJECT		Name of I	Limited Liability Co	mpany			
The enclose Existence, a	ed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizati nced foreign limite	on to Tra d liability	nsact Business in Florida," Certificate of company to transact business in Florida		
Please retur	n all correspondence o	oncerning this matter to the	following:				
	Thomas Schick	el					
		No.	ime of Person				
	DepositIQ & R	DepositIQ & RentersIQ Insurance Agency, LLC.					
		Fi	rm/Company	***************************************			
	1740 Platte St.						
			Address				
	Denver, CO 80	202					
		City/S	ate and Zip Code				
	tschickel@depos	•					
		E-mail address: (to be used	for future annual i	eport not	ification)		
For further	information concernin	g this matter, please call:					
T	om Schickel		877 _ at (684-40	39 x 801		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle					
1 8	ıllahassee, FL 32314				ce, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

IN COMPILANCE WITH SECTION 605/002, FLORIDA SERTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED ITABILITY COMPANYTOTRANSACTIBESINESS IN THE SERTE OF FLORIDA:

1.	Insurance Agency, LLC.		
(Name of Fore	eign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "	LLC.")
Liability Company," "L.L.C."	or "LLC.")	sacting business in Florida. The alternate name	e must include "Limited
2. Delaware	3.	45-1764500	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Flo (See sections 605,0904 & 605,0905, F	orida, if prior to registration.) S. to determine penalty liability)	
s. <u>1740 Platte St.</u>	Denver, CO 80202		
	(Street Address of Principa	Office)	
6. 174	0 Platte St. Denver, CO 8020)2	16
			E E
	(Mailing Address		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	TO R
Name:	InCorp Services, Inc.		
Office Address:	17888 67th Court North		8
	Loxahatchee	, Florida 33470	<i></i>
	(City)	(Zip code)	
Registered agent's accept		process for the above stated limited liabili	
designated in this applicat	tion, I hereby accept the appointment a	s registered agent and agree to act in this	capacity. I further agree
to complywith the provision	ons of all statutes relative to the proper	and complete performance of my duties,	and I am familiar with an
accept the obligations of	ly position as registered agent.	des I have TA (r
Ad	SOLAL FULL TOCKICT	xfilipps on behalf of In Coop	services, Lac.
()	(Registered age	nt's signature)	
8. The name, title or capa	city and address of the person(s) who ha	s/have authority to manage is/are:	
Thomas Schickel 🖊	a (
President	ð		
1740 Platte St. Denver, Co	O 80202		
0. Americal in a configuration		3 1 4 4 1 1 1 1 1 1 1	
jurisdiction under the law (of existence, no more than 90 days old, to of which it is organized. (If the certificate	duly authenticated by the official having co e is in a foreign language, a translation of t	the certificate under oath
of the translator must be su	Thomas Schic	kel Digitally signed by Thomas Schickel OHt cry-Thomas Schickel, o=Depositio, ou=Sales, small-otschickel@depositiq.com, reUS	
	Signature of an au		
This document is executed	-	(b), Florida Statutes. I am aware that any	false information
submitted in a document to	the Department of State constitutes a thi	rd degree felony as provided for in s.817.1	155, F.S.
	Thomas Schickel		
	Typed or printed na	une of signee	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DEPOSITIQ & RENTERSIQ INSURANCE

AGENCY, 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 NINTH DAY OF JANUARY,

A.D. 2016.

e at corp delaware gov/aut

Authentication: 201646275

Date: 01-09-16