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### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	Holman Insurance Services, LLC
5015	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	turn all correspondence concerning this matter to the following:
	Janna Bell
	Name of Person
	Supportive Insurance Services
	Firm/Company
	1610 S Old Decker Rd
	Address
	Vincennes, IN 47591
	City/State and Zip Code
	sdurdin@holmaninsures.com
	E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	Janna Bell 812 494-2476
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclose	is a check for the following amount:  \$\Pi\$ \$125.00 \text{ Filing Fee}  \pi \$130.00 \text{ Filing Fee & Certificate of Status}  \text{Certified Copy}  \text{of Status & Certified Copy}  \$\Pi\$ \$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}

## • 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:

Holman Insurance Serv	rices. LLC				
(Name of Fore	ign Limited Liability Company; must include "Limited L	iability Company," "L.	L.C.,"or	"LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting busing or "LLC."	ess in Florida. The alte	mate nan	ne must ir	nclude "Limited
New Jersey	3 81-1085620	)			
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if a	oplicable)	)	
company is organized)					
4	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	to registration.)		_	
5. 444 East Kings Highwa		ne pënalty liability)		_	
Maple Shade, NJ 08052	2				
	(Street Address of Principal Office)			-	
6. 244 East Kings Highwa	y		)** ***	r-a	
			(F)	Limb	with the
Maple Shade, NJ 08052	(Mailing Address)		17	- <u>;</u>	E # Approxima
	,			- 1136 	iti i sasadan PP M
/. Name and street addres	s of Florida registered agent: (P.O. Box NOT acce	ptable)	Ti S	ಾ ===	
Name:	Paracorp Incorporated	<u> </u>	-m -m	־ט־	D
Office Address:	155 Office Plaza Drive, 1st Floor	_	TATE ORID	ન સ	
	Tallahassee	Florida	<i>&gt;</i>		
Registered agent's accept	(City)	(Zip	code)		
designated in this applicat to complywith the provision	gistered agent and to accept service of process for a tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complet my position as registered agent.	agent and agree to d	act in thi	is capaci	ity. I further agree
	(Registered agent's signature	<del>)</del>		_	
8. The name, title or capa	city and address of the person(s) who has/have auth	ority to manage is/ard	3:		
-	man/Director, Carl A Ortell, CEO/Director, Willian	•		. Gardne	er,
	ian Horwith, Treasurer, Brian Bates, Asst Treasurer				_
Director, 444 East Kings I	Highway, Maple Shade, NJ 08052				_
	of existence, no more than 90 days old, duly authors of which it is organized. (If the certificate is in a fore ibmitted)				
	Signature of an authorized pers	on		-	
This document is executed	in accordance with section 605.0203 (1) (b), Florida		that am	· falca in	formation
	the Department of State constitutes a third degree for				

Typed or printed name of signee

## . 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:

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ability Company," "L.L.C,	" or "LLC.")	dansacung ousmess in Pion	ua. The ancinate na	ane must include Emilied
New Jersey		3. 81-1085620		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI r	umber, if applicable	e)
	The state of the s		· · · · · · · · · · · · · · · · · · ·	_
	(Date first transacted business in (See sections 605.0904 & 605.090)	Florida, if prior to registrat 5, F.S. to determine penalty	ion.) liability)	
444 East Kings Highw	ray			_
Maple Shade, NJ 0805	2			
	(Street Address of Princ	ipal Office)	ä~,	<del>_</del> ~3
244 East Kings Highwa	ay		<u> </u>	5001 101.1
Maple Shade, NJ 0805	2		20 7E	Annual party
	(Mailing Addr	ess)	35 A	25************************************
Name and street address	ss of Florida registered agent: (P.O. E	Roy NOT acceptable)	FF.	n in
	Paracorp Incorporated	on <u>nor</u> accepacie,	S.	<sup>©</sup> כ
Name:			COF STATE	7.
Office Address:	155 Office Plaza Drive, 1st Floor		DA.	ል 
	Tallahassee		22201	
		. Floric	la <sup>32301</sup>	
		, Florid	(Zip code)	_
signated in this applica complywith the provisi		of process for the above it as registered agent and	(Zip code)  stated limited liab l agree to act in the nance of my dutie	his capacity. I further ag 2s, and I am familiar with
aving been named as re signated in this applica complywith the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop my position as registered agent.	of process for the above at as registered agent and oer and complete perform — P155151M1	(Zip code)  stated limited liab l agree to act in the nance of my dutie	his capacity. I further ag 2s, and I am familiar with
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Typed or printed name of signee

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

#### HOLMAN INSURANCE SERVICES, LLC 0600429935

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 22, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY 830 BEAR TAVERN ROAD WEST TRENTON, NJ 08628

I further certify that as of the date of this certificate, no officers or directors were on file for this business.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of May, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number: 6071868482

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp