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(((H16000233620 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

ان 🛴

Account Number : 075201001473

Phone : (561)955-7600

Fax Number

: (561)338-7099

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## Foreign Limited Liability Company InsurAdvance, LLC

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September 21, 2016

FLORIDA DEPARTMENT OF STATE

GREENBERG TRAURIG (WEST PALM BEACH)

SUBJECT: INSURADVANCE, LLC

REF: W16000065111

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with 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.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H16000233620 Letter Number: 516A00020226

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

IN COMPLIANCE WITH SECTION 6051902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	sign Limited Liability Company, must i	include "Limited Liability Company." "L.L.C.," o	r "LLC.")		
If name unavailable, enter a lability Company," "L.L.C,	ternate name adopted for the purpose of "LLC.")	of transacting business in Florida. The alternate na	ıme muşı üselyi	de Limited	i
Delaware	,	3 45-5197690			
(Jurisdiction under the law	of which foreign limited liability	(PEI number, if applicable	<del>c</del> )		
company is organ <del>bed)</del> Upon Filing					
	(Date first transacted business	in Florida, if prior to registration.) 905, F.S. to determine penalty liability)			
102 NE 2nd Street, PM	· ·	905, F.S. to determine penalty liability)	_	,	
Boca Raton, FL 33432			_		
C	(Street Address of Pri	incipal Office)	_		
Same as #5			<del></del>		
	(Mailing Ad	idress)	_		
. Name and street addres	is of Florida registered agent: (P.O.	. Box NOT acceptable)	$\Xi_{\mathcal{C}}$	27	
Name:	National Corporate Research, Ltd	d., Inc.		20 CTI	
Office Address:	115 North Calhour Street, Suite 4	4		~ ~>	-
	Tallahassee	Florida 32301	: 1-4	(52)	
Registered agent's accep	(City)	(Zip code)	<u> </u>	The second secon	•
lavina been named as va	gistered agent and to accept service	ce of process for the above stated limited liai	bility compan his connella	y at the pi	lac.
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Typed or printed name of signer

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "INSURADVANCE, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSURADVANCE, LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5149068 8300

SR# 20165857806

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203022487

Date: 09-20-16