

1/3/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
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# M1700000094

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BUSINESS FILING  
Account Number : 105256001620  
Phone : (608)827-5300  
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Email Address: agent@bizfilings.com

**Foreign Limited Liability Company  
FirstCanna Insurance LLC**

Certificate of Status	0
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JAN 05 2017  
J. HARRIS

H170000006573

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. FirstCanna Insurance LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)3. 81-4716576  
(FEI number, if applicable)4. Upon qualification  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5668 Fishhawk Crossing Blvd. #351, Lithia, Florida 33547

(Street Address of Principal Office)  
6. 5668 Fishhawk Crossing Blvd. #351, Lithia, Florida 33547

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Business Filings Incorporated  
Office Address: 1200 South Pine Island RoadPlantation, Florida 33324  
(City) (Zip code)

## Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.




(Registered agent's signature) Mark Williams, A.V.P., Business Filings Incorporated

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Manager: Dillon Brickner, 5668 Fishhawk Crossing Blvd. #351, Lithia, Florida 33547

Manager: John Dutchak, 5668 Fishhawk Crossing Blvd. #351, Lithia, Florida 33547

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Dillon Brickner, Manager

Typed or printed name of signee

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FIRSTCANNNA INSURANCE 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 THIRD DAY OF JANUARY, A.D. 2017.

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



6247692 8300

SR# 20170010809

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201803065

Date: 01-03-17