

M17000000301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

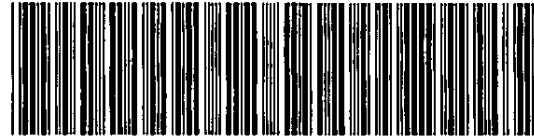
(Business' Entity Name)

(Document Number)

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2017 JAN -9 AM 8:51
JAN 12 2017

RR. MILLIGAN
JAN 12 2017

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 OnPay Insurance Agency, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L L C," or "LLC")

OnPay Insurance Services, LLC

(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 3 61-1803730
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4 1/1/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605 0904 & 605 0905, F S to determine penalty liability)

5 1230 Peachtree St NE Promanade II Suite 1250
Atlanta GA 30309-3574
(Street Address of Principal Office)

6 1230 Peachtree St NE Promanade II Suite 1250
Atlanta GA 30309-3574
(Mailing Address)

7 Name and street address of Florida registered agent (P O Box NOT acceptable)
Name Registered Agent Solutions, Inc
Office Address 155 Office Plaza Dr Suite A
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Adam Saldana, Asst. Secretary
(Registered agent's signature)

8 The name, title or capacity and address of the person(s) who has/have authority to manage is/are
Howard Burgess CEO 5010 Colchester Ct Smyrna, GA 30339
Mark McKee President 3503 High Grove Way NE Atlanta, GA 30319
Paul Foery Director of Insurance 543 Red Spruce La Rochester, NY 14616

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

Mark McKee
Typed or printed name of signer

Delaware

The First State

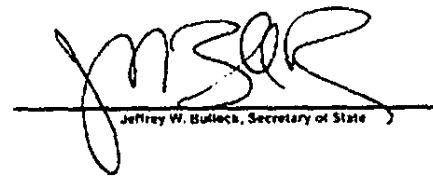
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONPAY INSURANCE AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONPAY INSURANCE AGENCY, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2016.

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

FILED
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DELAWARE




Jeffrey W. Bullock, Secretary of State

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Date: 12-28-16