MMDOWN 637

| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | • | |
|-----------------------------------|--|---------------------|------------|---|--------------------|
| CHRIF | Policy Administration Solu | tions (| Group, | LLC | |
| Name of Limited Liability Company | | | | | |
| | closed "Application by Foreign Limited Liability Company for A ace, and check are submitted to register the above referenced fore | | | | |
| Please | return all correspondence concerning this matter to the following | | | | |
| | Tommasino N | Tommasino Mainardi | | | |
| Name of Person | | | | | |
| Brandywine Incorporators, Inc. | | | | | |
| | Firm/Company | | | | • |
| | 2633 Longwood Drive | | | | |
| | Address | | | | 一直 |
| | Wilmington, DE 19810 | | | | 17 JAN 23 PH 4: 59 |
| | City/State and Zip Code | | | | |
| | Tom.mainardi@comcast.net | | | | |
| | E-mail address: (to be used for future | annual r | report not | fication) | ٠. ج: |
| For furt | ther information concerning this matter, please call: | | | | ٥ |
| | Tommasino Mainardi at (| 02 |) | 746-7152 | |
| | Name of Contact Person Are | a Code | Day | time Telephone Number | |
| | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | | |
| Enclose | ed is a check for the following amount: \$\Boxed{1}\$125.00 Filing Fee} \Boxed{1}\$130.00 Filing Fee & \$\Boxed{1}\$155 Certificate of Status Certified | 00 Filing I Copy | g Fee & | 23 \$160.00 Filing Fee, C of Status & Certified Co | |

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: Policy Administration Solutions Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") 47-5216156 Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) November 1, 2016 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 406 SW 30th Avenue Cape Coral, FL 33991 (Street Address of Principal Office) 6. 2633 Longwood Drive Wilmington, DE 19810 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Timothy L Savery Name: 406 SW 30th Avenue Office Address: Cape Coral . Florida 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 complywith the provisions of all sta<u>tute</u>s 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) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Timothy L Savery, Member 406 SW 30th Avenue Cape Coral, FL 33991 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.

Timothy L Savery Typed or printed name of signee

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POLICY ADMINISTRATION SOLUTIONS GROUP, 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 SIXTH DAY OF JANUARY, A.D. 2017.



Authentication: 201828875

Date: 01-06-17

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