## Florida Department of State División obsorpations Gregoria Biog Chr. Sher

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	Account Name	: HARVARD BUSINESS SERVICES, INC.
	Account Number	: 120080000045
	Phone	: (302)645-7400
	Fax Number	: (302)645-1280
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an	nual report mail	ss for this business entity to be used for future lings. Enter only one email address please.**
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## Foreign Limited Liability Company Manchester Insurance Group LLC

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February 1, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARVARD BUSINESS SERVICES, INC

SUBJECT: MANCHESTER INSURANCE GROUP LLC

REF: W17000009142

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Shelia H Young Regulatory Specialist II FAX Aud. #: E17000029666 Letter Number: 217A00002007

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $^{\circ}$

IN COMPLIANCE WITH SECTION 608,0002, PLORIDA STATUTES THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO THANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Manchester Insurance (Name of For		st include "Limited Liability Company," "L.L.C.," or "LL	<u>(".")</u>	<del></del>
(If mane anavailable, enter a Liability Company," "L.L.C.	Itemate name adopted for the purpose ," or "LLC ")	e of transacting business in Florida. The alternate name in	ust include "	Limited
2. Delaware		3.		
(Judisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		<del>_</del>
4. No transaction prior to	•			
***************************************	(Date first transacted busine (See sections 605,090.4 & 605.	ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)		
5 3158 Via Poinciana U				
Lake Worth, FL 3346	7	•		
<u></u>	(Street Address of F	Principal Office)	7	
6. 3158 Via Poinciana Ur	nit 5		7	- 256 - 251
Lake Worth, FL 3346	7		a di	조취 요 <b>건</b> ㅠ
de and and and and of the second seco	(Mailing /	Addiess	$\dot{\sim}$	
7. Name and street addre	ss of Florida registered agent. (P.	O. Box. NOT acceptable)	=	<b>三百</b>
Name:	Craig Hollis		<u> ထ</u>	SE X
Office Address:	3158 Via Pomeiana Unit 5		29	E
	Lake Worth	33467		•
	(City)	, Florida <u>33467</u> (Zip code)		
designated in this applica to complywith the provisi	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	vice of process for the above stated limited liability of ment as registered agent and agree to act in this cap proper and complete performance of my duties, and have follows:	pacity. I fu	rther agree
		ored agent's signature)		
8. The name, title or capa	acity and address of the person(s)	who has/have authority to manage 18/are:		
Craig Hollis, Member 31:	88 Via Poinciana Unit 5, Lake We	orth, FL 33467		
			**************************************	
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be s</li> </ol>	of which it is organized. (If the co	ys old, duly authoriticated by the official having customificate is in a toreign language, a translation of the Hellian  of an authorized person	ody of recor certificate (	rds in the under oath
	Signature	of an authorized person		
This document is executed submitted in a document to	I in accordance with section 605.0	1203 (1) (b). Florida Statutes. I am aware that any fals tes a third degree felony as provided for in s.817.155	se informatic . P.S.	vn
	Craig Hollis	The second secon		

Typed or printed name of signee

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "MANCHESTER INSURANCE 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANCHESTER INSURANCE GROUP LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2017.

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

6300193 8300 SR# 20170559557

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

James V. Mujihana, Serverskamp od State

Authentication: 201961578

Date: 01-31-17