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## **COVER LETTER**

TO:

TO:		tion Section of Corporations	3							
SUBJI		bbs Insurance Ass	ociates LLC							
Name of Limited Liability Company										
The en Exister	nclosed "Ap	pfication by Fore eck are submitted	ign Limited Liability Comp to register the above refere	pany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida			
Please	return all c	orrespondence co	oncerning this matter to the	following:						
		Sheri L. Walker								
			N	ame of Person						
		Gibbs Insurance	Associates LLC							
		Firm/Company								
		131 W Walnut S	Street							
				Address						
		Hillsboro, OH 4	15133							
			City/S	tate and Zip Code						
	:	sheri.w@gibbsass	ociates.net							
	-		E-mail address: (to be use	d for future annual	report not	tification)				
For fu	rther inforn	nation concerning	this matter, please call:							
	Sheri W	'alker		937 at (	393-34	44 x113				
	<del></del>	Name of	Contact Person	Area Code	Day	rtime Telephone Number				
	Divisior Registra P.O. Bo	nof Corporations tion Section x 6327 (see, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301				
Enclos		ck for the followi .00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Confermed Con				

## 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:

(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpo or "LLC.")	ose of transacting business in Flo	orida. The alternate name	must includ	le "Limi	ted
Ohio	,	20-2024682				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI	I number, if applicable)			
4						
	(See sections 605.0904 & 60	ness in Florida, if prior to registr 05.0905, F.S. to determine penalt	ation.) ty liability)			
5. 131 W. Walnut Street,	Hillsboro, OH 45133			Adher	23	
					=======================================	ware it
	(Street Address o	f Principal Office)		* .	띖	Elli s Zapon
6. PO Box 727, Hillsboro	·	•		1997 T	ب دع	E C
··	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	And	70	grant.
<u></u>	(Mailin	g Address)	·			•
	,	-		श्चिमी ज्या जोकी क्योंकी	<u>.</u>	
7. Name and street addres	s of Florida registered agent: (	P.O. Box NOT acceptable)				
Name:	Lon Deckard					
Office Address:	1607 S Lake Shore Dr.					
	Sarasota	Flo	aida 34231			
	(City)	, FIO	rida 34231 (Zip code)			
designated in this applicate complywith the provision	gistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th ny position as registered (gent	intment as registered agent a se proper and complete perfo	nd agree to act in this	capacity.	I furth	er agree
	(Reg	istered agent's signature)				
	acity and address of the person(	s) who has/have authority to i	manage is/are:			
8. The name, title or capa		•	Č			
	31 W Walnut St., Hillsboro, O	H 45133				
	•	H 45133				
	•	9H 45133				
	•	PH 45133				
James R. Gibbs, Agent,  9. Attached is a certificate	31 W Walnut St., Hillsboro, O of existence, no more than 90 of which it is organized. (If the	days old, duly anthenticated b				
James R. Gibbs, Agent,  9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 of which it is organized. (If the ubmitted)	days old, duly anthenticated b				
9. Attached is a certificate jurisdiction under the law of the translator must be s  This document is executed	of existence, no more than 90 of which it is organized. (If the ubmitted)	days old, duly anthenticated be certificate is in a foreign language of an authorized person 5.0203 (1) (b), Florida Statute	guage, a translation of	the certification	ate und	

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GIBBS INSURANCE ASSOCIATES, LLC, an Ohio Limited Liability Company, Registration Number 1437856, was organized within the State of Ohio on January 28, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of January, A.D. 2017.

Ohio Secretary of State

Validation Number: 201703003644