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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Pure Programs LLC				
	Name of Limited Liability Company				
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate once, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this matter to the following:				
	Janna Bell				
	Name of Person				
	Supportive Insurance Services				
	Firm/Company				
	1610 S Old Decker Rd				
Address					
	Vincennes, IN 47591				
	City/State and Zip Code				
	amartino@pureinsurance.com E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:				
	Janna Bell 812 494-2476 5 W				
	Name of Contact Person Area Code Daytime 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: \$\Bigsup \frac{1}{2} \\$125.00 \text{ Filing Fee} \Bigsup \frac{1}{2} \\$130.00 \text{ Filing Fee & Certificate of Status} \Bigsup \Bigsu				

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:

Pure Programs LLC			
(Name of Fore	eign Limited Liability Company; must include "Limited	l Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter a	Iternate name adopted for the purpose of transacting bu	siness in Florida. The alternate nar	ne must include "Limited
Liability Company," "L.L.C,	" or "LLC.")		
2. Delaware (Jurisdiction under the law	of which foreign limited liability 3. 81-2312:	(FEI number, it applicable	<u></u>
company is organized)	or which foleign anned hability	(FET humber, it applicable	,
ŧ	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to dete	or to registration.)	_
300 Colonial Center D		mune penalty liability)	
Roswell, GA 30076			_
	(Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	-
5. 300 Colonial Center Di	r, Ste 200		_
Roswell, GA 30076			
	(Mailing Address)		-
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT ac	ceptable)	2017 TALL
Name:	Paracorp Incorporated		A TO
Office Address:	155 Office Plaza Drive, 1st Floor		FEB 27
	Tallahassee	Florida	्रिट स्थित
D. 1	(City)	(Zip code)	اسا ا
Registered agent's accep Having been named as re	tance: gistered agent and to accept service of process fo	or the above stated limited liab	
lesignated in this applica	tion, I hereby accept the appointment as register	ed agent and agree to act in th	ts capacity. I further agree
	ons of all statutes relative to the proper and com my position as registered agent.	plete performance of my dutie	s, and I am familiar with an
iccepi ine obligations of i	ny position as registerea agent.		
	(Registered agent's signal	cure)	-
8. The name, title or capa	ncity and address of the person(s) who has/have a	thority to manage is/are:	
John Willis, Manager			
300 Colonial Center Dr, S	Ste 200	_	
Roswell, GA 30076			
 Attached is a certificate urisdiction under the law of the translator must be st 	of existence, no more than 90 days old, duly author which it is organized. (If the certificate is in a fabruited)	enficated by the official having oreign language, a translation o	custody of records in the f the certificate under oath
or the number of st	Lall Lake		
	Signature of an authorized p	erson	-
This document is executed submitted in a document to	I in accordance with section 605,0203 (1) (c). Flore the Department of State constitutes a third degree	ida Statutes. I am aware that an e felony as provided for in s.817	y false information 7.155, F.S.
	John Willis	• •	
	Typed or printed name of sig	nee	-

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. Pure Programs LLC						
(Name of Fore	ign Limited Liability Co	ompany; must include "Limite	xl Liability Company," *	L.L.C.," or "LI	.C.")	
Of name unavailable, enter al	ternate name adonted to	r the purpose of transacting b	usiness in Florida. The a	It <i>e</i> rnate name n	nust include	a 'I imited
Liability Company," "L.L.C,"	or "LLC.")	t the purpose of transacting o	usiness at Florida. The a	memate name n	nust merauc	. Linker
2. Delaware	A -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	3. 81-2312	376			
(Jurisdiction under the law company is organized)	of which foreign limited	l liability	(FEI number, if	(applicable)		
4	(Date first trans	eacted business in Florida, it'n	rior to registration			
		acted business in Florida, if p 0904 & 605.0905, F.S. to dete	ermine penalty liability)			
5. 300 Colonial Center D	r, Ste 200	· · · · · · · · · · · · · · · · · · ·				
Roswell, GA 30076				Žο	, 2 9	
200 Colonial Contan Du	•	Address of Principal Office)		L S	. II F	77
6. 300 Colonial Center Dr	, Ste 200			<u>जिल्ल</u> इ	<u> </u>	. 1
Roswell, GA 30076				SSE-	· 21	
· · · · ·	,	(Mailing Address)		LAHASSEE, FLORID	<u>י</u>	П
7. Name and street addres	s of Florida registered	l agent: (P.O. Box NOT a	cceptable)	0.5	<u>ر</u> پر	D
Name:	Paracorp Incorporat	ed		RIOA	05	
Office Address:	155 Office Plaza Dr	ive, 1st Floor				
	Tallahassee		, Florida 3230	01		
Registered agent's accept		(City)		ip code)		
Having been named as red designated in this applical	gistered agent and to tion, I hereby accept to ons of all statutes rela	1\ <u></u>	red agent and agree t oplete performance of -	o act in this c my duties, ar	apacity. I nd I am fa	further agree miliar with and
		(Registered agent's signa	ature)	P	ovac	a-p
8. The name, title or capa John Willis, Manager	city and address of th	e person(s) who has/have a	uthority to manage is/	are:		·
300 Colonial Center Dr, S	te 200					
Roswell, GA 30076						
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organize	than 90 days old, duly autled. (If the certificate is in a	nenticated by the offic foreign language, a tra	ial having cus anslation of th	atody of rec	cords in the te under oath
		Signature of an authorized	person			
This document is executed submitted in a document to	in accordance with so the Department of St	ection 605.0203 (1) (b), Flo ate constitutes a third degre	rida Statutes. I am awa e felony as provided f	are that any fa or in s.817.15	lse informa 5, F.S.	ation
	John Willis					

Typed or printed name of signee

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PURE PROGRAMS 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 ELEVENTH DAY OF FEBRUARY, A.D. 2017.

Authentication: 202023171

Date: 02-11-17