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DEPARTMENT OF STATE

D. BRUCE MAR 06 2017

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

3/3/17

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Thank you!

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. ASSURANCE MEZZA (Name of Fore	ign Limited Liability Company; mu	st include "Limited Liab	oility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpos	e of transacting busines	s in Florida. The alternate nan	o must include "Limited
• • •	Of TACE,)	81-4316358		
2. Delaware (Jurisdiction under the law	of which foreign limited liability	3. 81-4316358	(FEI number, if applicable)	
company is organized)				
4. Upon qualification	(Date first transacted busine	ess in Florida, if prior to	registration.)	-
	(Date first transacted busine (See sections 605.0904 & 605	.0905, F.S. to determine	penalty liability)	
5. 12605 Challenger Pkw	y, #130B, Orlando, FL 32826			-
	(Street Address of	· · · · · · · · · · · · · · · · · · ·		_
5. 12605 Challenger Pkwy	y, #130B, Orlando, FL 32826			_
	(Mailing	Address)		-
7 Namo and street address	ss of Florida registered agent: (P	O Box NOT accent	able)	
	Seth D. Ellis	.o. box <u>.xo.r</u> eeepx		
Name:			-	
Office Address:	12605 Challenger Pkwy, #1301		_	
	Orlando		, Florida 32826 (Zip code)	_
Registered agent's accep			(Zip code)	
designated in this applica to complywith the provision	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent By: (Regis	tment as registered a	gent and agree to act in th performance of my duties	is capacity. I further agree
8. The name, title or capa	acity and address of the person(s)) who has/have author	rity to manage is/are:	
· · · · · · · · · · · · · · · · · · ·	Member, 12605 Challenger Pkwy			
***************************************			<u> </u>	
				4
 Attached is a certificate jurisdiction under the law of the translator must be so 	of existence, no more than 90 da of which it is organized. (Tithe c ubmitted)	ays old, duly authentic certificate is in a forci	cated by the official having gn language, a translation o	custody of records in the f the certificate under oath
	Signature	e of an authorized person	n	
This document is executed submitted in a document to	d in accordance with section 605, to the Department of State constitu	0203 (1) (b), Florida (utes a third degree felo	Statutes. I am aware that an only as provided for in s.817	y false information .155, F.S.

Typed or printed name of signee

Seth D. Ellis

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASSURANCE MEZZANINE CAPITAL, 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 THIRD DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSURANCE MEZZANINE CAPITAL, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

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

Authentication: 202138019

Date: 03-03-17

6333113 8300 SR# 20171578518