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2017 APR 25 PN 4: 13

O SIMMONS APR 2 6 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

XXXX QUALIFICATION (TYPE: LL)

	ACCOUNT NO.	: 120000000	L95				
	REFERENCE	: 614488	7637462				
	AUTHORIZATION	Level of o	man				
	COST LIMIT	\$\130.00					
ORDER DATE :	April 25, 2017						
ORDER TIME :	3:27 PM						
ORDER NO. :	614488-005						
CUSTOMER NO:	7637462						
FOREIGN FILINGS							
NAME:	INSURAMATCH, L	7G					

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender EXT# 62956 EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: InsuraMatch, LLC	
Name of Limited L	iability Company
The enclosed "Application by Foreign Limited Liability Company for A Existence, and check are submitted to register the above referenced for	authorization to Transact Business in Florida," Certificate of eign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following	g:
Linda Bry	
Name of Po	rson
Plymouth Rock Management	Company of New Jersey
Firm/Comp	any
331 Newman Springs R	oad, Suite 304
Addres	3
Red Bank, New Jersey	07701-5692
City/State and 2	
LBry@plymouthrock.com	1
E-mail address: (to be used for futu	e annual report notification)
For further information concerning this matter, please call:	
Linda Bry at (7	32 <u>978-6091</u>
Name of Contact Person Ar	en Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
o s	5.00 Filing Fee & \$\square\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

,	Limited Liability Company; must include "Limited	ed Liability Company," "L.L.C.," or "LLC.")	
Of name unavailable, enter alternate a	name adopted for the purpose of transacting business in Flo	ords. The alternate name must include "Limited La	ability Company." "L.L.C." or "LLC")	
Dalawasa		3. 04-3508349		
2. Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)		ber, if applicable)	
4. N/A			,	
T	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0903, F.S. to determ	registration.)		
- 605 Atlantic Avenue		6. 695 Atlantic Avenue		
5. 695 Atlantic Avenue (Street Address of Principal Office)		6. O33 Atlantic Avenue	tress)	
Boston, MA 02111		Boston, MA 02111		
7 Name and some diden	CDlorido intendes (D.O. Do-	NOT	-	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Corporation Service Company		F.5	
Office Address:	1201 Hays Street		······································	
	Tallahassee	Florida 32301	e Con	
	(Cny)	, Florida <u>32301</u> (Zip co	ile) در	
and accept the conguitor	s of my position as registered agent.		Melissa Zender	
8. The name, title or cap.	(Registered agent's		Asst. Vice President	
8. The name, title or cap. <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who have a not address:		Asst. Vice President	
	acity and address of the person(s) who ha	as/have authority to manage is/are:	Asst. Vice President	
	acity and address of the person(s) who had acity and Address:	as/have authority to manage is/are:	Asst. Vice President	
	acity and address of the person(s) who had acity and Address:	as/have authority to manage is/are:	Asst. Vice President	
	acity and address of the person(s) who had acity and Address:	as/have authority to manage is/are:	Asst. Vice President	
	acity and address of the person(s) who had acity and Address:	as/have authority to manage is/are:	Asst. Vice President	
	acity and address of the person(s) who had acity and Address:	as/have authority to manage is/are:	Asst. Vice President	
	acity and address of the person(s) who have and Address: See Attached	as/have authority to manage is/are:	Asst. Vice President	
(Use attachments if necessors). Attached is a certificate jurisdiction under the law of the translator must be solven. This document is executed in the solven.	ssary) e of existence, no more than 90 days old of which it is organized. (If the certifical submitted)	As/have authority to manage is/are: Title or Capacity: Aduly authenticated by the official has te is in a foreign language, a translate of an authorized person (1) (b), Florida Statutes, I am awa	Asst. Vice President Name and Address: aving custody of records in the tion of the certificate under oath re that any false information	

Typed or printed name of signee

Hal Belodoff - Manager 695 Atlantic Avenue, Boston, MA 02111

Marc V. Buro - Manager; President; CEO 695 Atlantic Avenue, Boston, MA 02111

Timothy J. Byrne - Manager 115 Harbor Road Marmora, NJ 08223

Colleen M. Granahan - Manager 695 Atlantic Avenue, Boston, MA 02111

Keith R. Jensen - Manager 695 Atlantic Avenue, Boston, MA 02111

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INSURAMATCH, 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSURAMATCH, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 1999.

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

3117241 8300 SR# 20172788129

Authentication: 202432177

Date: 04-25-17