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17 AUG -8 AM 9: 17

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O SIMMONS AUG 0 9 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 750635 8060665

AUTHORIZATION: (Find Similar

COST LIMIT : \$ 1/25.00

ORDER DATE: August 1, 2017

ORDER TIME : 10:18 AM

ORDER NO. : 750635-045

CUSTOMER NO: 8060665

FOREIGN FILINGS

NAME: LADDER INSURANCE SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ladder Insurance Serv (Name of Foreign	ces, LLC Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC."		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	nda. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LLC ")	
2 California		3. <u>47-3701270</u>		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI man)	(FEI munber, if applicable)	
4 Upon filing				
7.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ			
444 High Street, 3rd F	loor	6. PO Box 456		
5. 444 High Street, 3rd Floor (Street Address of Principal Office)		- (Mailing Add	- (Mailing Address)	
Palo Alto, CA 94301		Menlo Park, CA 94026		
<u></u>		 	<u> </u>	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	T NO -8 M 9: 17	
Name:	Corporation Service Company		皇 至 1	
Office Address:	1201 Hays Street		Ç. 9.	
	Tallahassee	Florida 32301	[6] -1	
	(City)	, Florida 32301 (Zip cod	le)	
	s of my position as registered agent. Corporation Service Campaly (Registered agent's acity and address of the person(s) who has Name and Address:		Michele L. Abbott Asst. VP Name and Address:	
Manager	James Hale			
	444 High Street, 3rd Floor Palo Alto, CA 94301			
		-		
(Use attachments if neces	sary)			
jurisdiction under the law of the translator must be s 10. This document is exec	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) suted in accordance with section 605,020, the Department of State constitutes a the	e is in a foreign language, a translat 3 (1) (b), Florida Statutes, I am awai	tion of the certificate under oath	
		of an authorized person		
	James Hale			
		printed name of signee		

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: LADDER INSURANCE SERVICES, LLC

FILE NUMBER: FORMATION DATE:

201510310164

TYPE:

04/13/2015

JURISDICTION:

DOMESTIC LIMITED LIABILITY COMPANY CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 4, 2017.

ALEX PADILLA Secretary of State