9/29/2017

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Reliant Insurance Group, LLC

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OCT 2 2017

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: Reliant Insurance Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," 'L.L.C.," or "LLC.") (if name unavailable, erect alternate name adopted for the purpose of transacting business in Florida. The sherrate name must include "Limited Liability Company," "L.L.C." or "LLC.") (Jurisdiction under the law of which foreign knutee liability company is organized) (FEI member, if applicable) (Date first transacted business in Florids, if prior to registration.)
(See sections 505,0904 & 605,0905, F.S. to determine penalty liability) 5. 275 Battery Street, Suite 500 6. 275 Battery Street, Suite 500 (Sweet Address of Principal Office) (Mailing Address) San Francisco, CA 94111 San Francisco, CA 94111 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 11380 Prosperity Farms Road #221E Office Address: , Florida 33410 Palm Beach Gardens (City) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(3) who has/have authority to manage is/are: Title or Capacity; Name and Address: Title or Capacity: Name and Address: MGR Chris Flynn MGR J. Caskie Collet 275 Battery Street, Suite 500 275 Battery Street, Suite 500 San Francisco, CA 94111 San Francisco, CA 9411! MGR Joe Sherman 275 Battery Street, Suite 500 San Francisco, CA 94111 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0205 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State conscientes affaired degree felony as provided for in s.817.155, F.S.

Typed or pristed came of signer

Fernando Jimenezl Attorney-in-Fact



Page 1

1, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RELIANT INSURANCE GROUP, 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 AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELIANT INSURANCE GROUP, LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2017.

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

5.3*

5499371 8300
SR# 20175549320
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202995472

Date: 08-03-17