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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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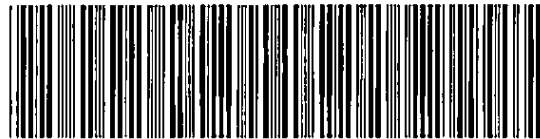
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 OCT 13 A 9:54

TALLAHASSEE, FLORIDA

D. SCOTT

OCT 16 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 858199 7784779

AUTHORIZATION

[Signature]

COST LIMIT : \$160.00

ORDER DATE : October 12, 2017

ORDER TIME : 9:29 AM

ORDER NO. : 858199-005

CUSTOMER NO: 7784779

FOREIGN FILINGS

NAME: SH INSURANCE SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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2011 OCT 13 A 9:50
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SH Insurance Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Jeffrey L. Baxter, Esq.

Name of Person

Baxter Touby, LLP

Firm/Company

One Datan Center, 9100 S. Dadeland Blvd., Suite 700

Address

Miami, Florida 33156

City/State and Zip Code

JBaxter@BaxterTouby.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey L. Baxter, Esq.

305

639-8833

at ()

Name of Contact Person

Area 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

TALLAHASSEE
FLORIDA

OCT 13 4 50

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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. SH Insurance Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 301 Yamato Road
(Street Address of Principal Office)
Suite 2250
Boca Raton, Florida 33431
6. 301 Yamato Road
(Mailing Address)
Suite 2250
Boca Raton, Florida 33431

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jeffrey L. Baxter, Esq.

Office Address: One Datan Center, 9100 S. Dadeland Blvd., Suite 7C
Miami, Florida 33156
(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.

Jeffrey L. Baxter
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Marshal Seeman</u> <u>301 Yamato Road, Suite 2250</u> <u>Boca Raton, Florida 33431</u>	<u>Manager</u>	<u>Eric Holtz</u> <u>301 Yamato Road, Suite 2250</u> <u>Boca Raton, Florida 33431</u>
_____	_____	_____	_____
_____	_____	_____	_____

(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 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.13, F.S.

Jeffrey L. Baxter
Signature of an authorized person
Jeffrey L. Baxter
Typed or printed name of signer

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OCT 13 A 9 55
TALLAHASSEE, FLORIDA



Office of the Secretary of State

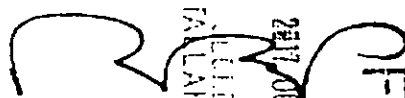
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SH Insurance Services, LLC (file number 802834226), a Domestic Limited Liability Company (LLC), was filed in this office on October 10, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 12, 2017.




Rolando B. Pablos
Secretary of State
2017 OCT 13 A 9:55
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TALLAHASSEE, FLORIDA