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TALLAHASSEE, FLORIDA

K. SALY
NOV 16 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PracticeProtection 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:

Michael J. Wallace

Name of Person

PracticeProtection Insurance Services, LLC

Firm/Company

P.O. Box 600832

Address

Jacksonville, FL 32260

City/State and Zip Code

mwallace@practiceprotection.com

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

For further information concerning this matter, please call:

Michael J. Wallace

904
at (_____) _____

254-8390

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

**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. PracticeProtection Insurance Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Vermont 3. 35-2598742
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 16, 2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

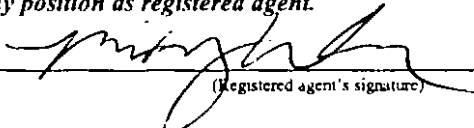
5. 1021 S Calhoun St, Ste 1 6. P.O. Box 600832
(Street Address of Principal Office) (Mailing Address)
Fort Wayne, IN 46802 Jacksonville, FL 32260

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

Name: Michael J. Wallace
Office Address: 780 E Dorchester Drive
Saint Johns, Florida 32259
(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(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>See Attachment A</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></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.817.155, F.S.


Signature of an authorized person
Michael J. Wallace
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

ATTACHMENT A

The name, title or capacity and address of the persons who have authority to manage PracticeProtection Insurance Services, LLC are:

NAME	TITLE	PHYSICAL ADDRESS
Eric J. Stetzel	Manager	3202 Sterling Ridge Cove, Fort Wayne, IN, 46825
Michael J. Wallace	Manager	780 E. Dorchester Drive, Saint Johns, FL, 32259
Michael T. Smith	Manager	965 Fawn View Drive, Carmel, IN, 46032
Cory E. Brown	Manager	10500 Fore Drive, Tampa, FL, 33612
Mark Stetzel	Manager	4321 Woodbriar Pass, Fort Wayne, IN, 46835

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TALLAHASSEE, FLORIDA

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

PRACTICEPROTECTION INSURANCE SERVICES, LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Jun 06, 2017.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

November 13, 2017

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.



A handwritten signature in cursive script, reading "James C. Condos".

James C. Condos
Vermont Secretary of State

Business ID: 0331440
Certificate Number: 2013398298001

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TALLAHASSEE, FLORIDA