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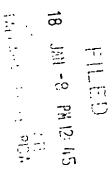
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## **COVER LETTER**

TO:

τό:	Registration Section Division of Corporations
eno n	The Chase Agency LLC CT:
SOBJI	Name of Limited Liability Company
The en Exister	dosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ea, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	eturn all correspondence concerning this matter to the following:
	Joshua Miller
	Name of Person
	The Chase Agency LLC
	Firm/Company
	9040 Town Center Parkway
	Address
	Bradenton, Fl. 34212
	City/State and Zip Code
	josh@thechaseagency.com
	E-mail address: (to be used for future annual report notification)
For fu	her information concerning this matter, please call:
	Joshua Miller 585 7475402 at ( )
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FI, 32301
Enclos	d is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy 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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida. T	he alternate name must include "Limited Liabilit	y Company," "L.L.C." or "LLC.
New York		3. 47-3247199	
(furisdiction under the law of w	nich foreign hunted liability company is organized)	(FEI number,	if applicable)
	(Date first transacted business in Florida, if prior to registra	ation.)	
9040 Town Center Par	(See sections 605,0904 & 605,0905, F.S. to determine pen		
9040 Town Center Par (Street Address of F	Principal Office)	6. 9040 Town Center Parkway (Mailing Address	
Bradenton, FL 34202		Bradenton, FL 34202	
			: <del>c</del>
Name and street addres	s of Florida registered agent: (P.O. Box NO	<u>(T</u> acceptable)	
Name:	Registered Agents Inc		· co [1
rqiile.			
Office Address:	3030 N Rocky Point Dr - Suite 150A	<del></del>	5 · 5
egistered agent's accep aving been named as re	Tampa (Cny) tance: gistered agent and to accept service of proce		
egistered agent's accep aving been named as re esignated in this applica comply with the provisi	Tampa (Cny) tance:	(Zip code) ess for the above stated limited li- istered agent and agree to act in	ability company at the this capacity. I furth
egistered agent's accep aving been named as re signated in this applica comply with the provisi	Tampa  (Cny)  tance:  gistered agent and to accept service of proce tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and	(Zip code) ess for the above stated limited li- istered agent and agree to act in complete performance of my du	ability company at the this capacity. I furth
egistered agent's acceptaving been named as reesignated in this applicate comply with the provising accept the obligation.	Tampa  (City)  tance: gistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and sof my position as registered agent.  (Registered agent's signature and address of the person(s) who has/har-Name and Address:	(Zip code) ess for the above stated limited li- istered agent and agree to act in complete performance of my du -	ability company at the this capacity. I furth
egistered agent's acceptaving been named as resignated in this applicate comply with the provise accept the obligation.  The name, title or capa Title or Capacity:	Tampa  (City)  tance: gistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and sof my position as registered agent.  (Registered agent's signature and address of the person(s) who has/har- Name and Address:  Joshua Miller  9040 Town Center Parkway	(Zip code)  exs for the above stated limited limitered agent and agree to act in complete performance of my du	ability company at the this capacity. I furth ties, and I am familia

. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information omitted 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 Joshua Miller

Typed or printed name of signee

## State of New York Department of State } ss:

I hereby certify, that THE CHASE AGENCY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/26/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of November two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State