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K. SALY FEB 9 2018

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/8/2018	<u> </u>		**WALK IN**
ENTITY NAME DIRE	CT PREMIUM BUYS, LLC	<u> </u>	
DOCUMENT NUMBER	t		
	**PLEASE FILE THE 1	ATTACHED AND RETURN**	
XXXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	**PLEASE OBTAIN THE FOLL Certified Copy of Arts &	LOWING FOR THE ABOVE ENT : Amendments	774**
	Certificate of Good Standii	ing	
	**APOSTILLE' / NO	TARIAL CERTIFICATION**	
TOTAL OWED \$916 25 per	iaibes \$125 00 FILING	снеск # <u>4519</u>	
Please call Tina at	the above number for any	y issues or concerns. <b>Tha</b>	nk you so much!

## COVER LETTER

Registration Section

TO:

зјест: _	Name of Limited Liability Company							
enclosed ". stence, and	Application by For check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizationed foreign limit	tion to Tra ed hability	nsact Business in Florida." Cettifica company to transact business in Flo			
se return al	l correspondence o	concerning this matter to the	following:					
		N:	ame of Person					
	Harbor Compli	ance						
	<u> </u>	Fi	rm/Company					
	48-50 W. Ches	tnui Street, Suite 300						
		• •	Address					
	Lancaster, PA	17603						
	<del></del> .	City/S	tate and Zip Code					
	tijinā( <u>ki</u> jparpotco	inpliance.com						
		E-mail address: (to be used	for future annual	report not	ification)			
further infe	ormation concernir	g this matter, please call:						
Harbo	or Compliance		717 at(	723-93	17			
	Name o	of Contact Person	Area Code	Day	time Telephone Number			
Divisi Regis P.O. L	on of Corporation tration Section 30x 6327 massee, FL 32314			Division Registrat Chiton B 2661 Exc	of Corporations  on Section  fullding  centive Center Circle  see, F1, 32301			
	heck far the follow 25.00 Filing Fee	ving amount: ☐ \$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

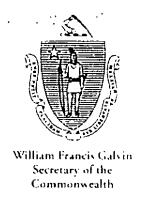
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

- Direct Premium Buys,L	LC.				
(Name of Fore	ign Limited Liability Company; n	iust include	"Limited Liability Co	mpany," "L.L.C.," c	m "LLC.")
(If name unavailable, enter al Liability Company," "L.J. C."	ternate name adopted for the purport (Fig. 1)	ose of transi	acting business in Flor	rida. The alternate na	ame must include "Limited
n Massachusetts		, 4	5-0851038		
(Jurisdiction under the law company is organized)	of which foreign limited liability	٠	(FE)	number, if applicable	<u>e)</u>
4. 01/01/15					
	(Date first transacted busi (See sections 605,0904 & 60	ness in Flor 15.0905, F.S	ida, if prior to registra S, to determine penalty	(tion.) cliability)	
5. 153 Washington Street	•			<del></del>	<del></del> .
East Walpole, MA 020	32				
	(Street Address o	of Principal	Office)		18 SE
h					
· · · · · · · · · · · · · · · · · · ·					一體器工
		ig Address)			- 820 & 元
	(Manin	ā vadiessi			
<ol><li>Name and street address</li></ol>	ss of Florida registered agent: (	P.O. Box	NOT acceptable)		DE STA
Name.	REGISTERED AGENTS IN	IC'			GATE
Office Address:	3030 N. ROCKY POINT DR	UVE, STE	150A		D
	TAMPA		, Flor	nda 33607	
			,	(Zip ende)	_
designated in this applica to complywith the provisi	rgistered agent and to accept so tion, I hereby accept the appo ions of all statutes relative to the my position as registered agen	intment as he proper o	registered agent ar	nd agree to act in .	this capacity. I further agree
	(Reg	ustered agei	nt's signature)		
S. The name talle or care	acity and address of the person	(s) who ha	s/have authority to n	nanage is are	
	th Street, Walpole, MA 02081				
	<u> </u>	(MEN	NBER)		<del></del>
Paul Sudman, 24 Brewsto	er Drive, Norwood, MA 02062	(MEM	NBER)		
	of existence, no more than 90 of which it is organized. (If the abmitted)				
	Signatu	urezor an au	thorized person		
		•		7	
	d in accordance with section 60 oithe Department of State const				

Typed or printed name of signee

Jeffrey Sudman



## The Commonwealth of Hassachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

### January 30, 2018

#### TO WHOM IT MAY CONCERN:

Thereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### DIRECT PREMIUM BUYS, LLC

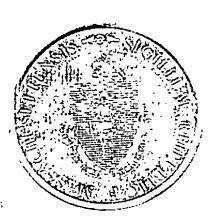
in accordance with the provisions of Massachusetts General Laws Chapter 156C on March 11. 2011.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said I imited I jability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

Lalso certify that the names of all managers listed in the most recent filing are. JEFFREY MICHAEL SUDMAN, PAUL SUDMAN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: JEFFREY MICHAEL SUDMAN, PAUL SUDMAN, JEFFREY SUDMAN

The names of all persons authorized to act with respect to real property listed in the most recent tiling are: JEFFREY SUDMAN, PAUL SUDMAN



In testimony of which,

I have hereumo affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Thewing