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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ARD Catastrophe 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:					
Dustin Wheeler					
Name of Person					
ARD Catastrophe Services, UC					
4845 Ballygar Drive					
Address					
Tallahassee, F2 32309 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person Area Code Daytime Telephone Number					
Name of Contact Person Area Code Daytime Telephone Number					
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration Section					
P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount: \$\Begin{align*} \Begin{align*} \Be					

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

COMPANY TO TRANSACT BI	TION 605.0002. FLORIDA STATUTES THE USINESS IN THE STATE OF FLORIDA: CC+GS+M phe	Services, L	EGISTER A FOREIGN LIMIT L	TED LIABILITY
	Limited Liability Company: most include "Un name adopted for the purpose of transacting business in		LLC.") uted Liability Company," "L L.C." or	"LLC.")
2. State of	hich foreign limited liability company is organized)	3. 82-4230	El number, if applicable)	
4	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605 0905, F.S. to det	or to registration.)		
54845 Ball	194 Pr	6. 1350 Mg	han Dr vist	<u>. c</u> 4
Tallahasse	FL 32309	Tallahasse	e, FL 32308	- - -
7. Name and street addre	ss of Florida registered agent: (P.O. F	Box NOT acceptable)	LI AHAS	FILED
Name:	Catherine Bu	<u>sa</u>	SEE	3 20
Office Address:	Tallahassec	. Florida 3	2308	4: 5 5
to comply with the provis	tion, I hereby accept the appointmentions of all statutes relative to the profess of my position as registered agent. (Registered age)			
8. The name, title or cap. <u>Title or Capacity:</u>	acity and address of the person(s) who	has/have authority to manage is Title or Capacity:	are: Name and Addre	<u> 288:</u>
Partner	Barry Barbec 15 5 Academy A Sycamore, 6A 31	Partner 180	Dustin Who 4845 Banga Tanahasse	eler c, FL 32306
Partner	Bria Jordan	<u></u>		
(Use attachments if neces	sary)			
	of existence, no more than 90 days of of which it is organized. (If the certifi abmitted)			
	uted in accordance with section 605.0 the Department of State Jonstitutes.			mation
	Signa	iture of an authorized person		

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARD CATASTROPHE SERVICES, 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 SIXTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARD CATASTROPHE SERVICES, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2018.

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





Authentication: 202265079

Date: 03-06-18

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