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| | gistration Section vision of Corporation | ons | | | | |
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| 402000 | | Name of | Limited Liability | Company | | |
| | | | | | ransact Business in Florida," C ty company to transact busines | |
| Please retur | n all correspondence | concerning this matter to the | following: | | | |
| | Angelique Go | udeaux angel@westmontl | aw.com | | | |
| | | N | lame of Person | | | |
| • | c/o Westmont | Associates, Inc. | | | | |
| | | F | irm/Company | | | |
| | 1763 Marlton | Pike East, Suite 200 | | | | |
| | | | Address | | | |
| | Cherry Hill, No | cw Jersey 08003 | | | | |
| | | City/S | tate and Zip Code | ; | | |
| | morgan.knapp@ | tmnas.com | | | | |
| | | E-mail address: (to be used | d for future annua | l report no | tification) | |
| For further in | nformation concernin | g this matter, please call: | | | | |
| An | gelique Goudeaux | | 856 at (| 216-02 | 20 | |
| | Name o | f Contact Person | Arca Code | Day | rtime Telephone Number | |
| Div Reg P.O | ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | CADDRESS: of Corporations ion Section uilding ecutive Center Circle ee, F1. 32301 | |
| | check for the follow 125.00 Filing Fee | ing amount: S130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filir Certified Copy | | ☐ \$160.00 Filing Fee, Certi of Status & Certified Copy | ficate |

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: Select Communities Risk Purchasing Group, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If some unavailable, onter afternate name adopted for the purpose of transacting business in Florida. The alternate name most include "Lindted Liability Company," "LLC," or "LLC.") 82-2604107 (FEI number, if applicable) (Jurisdiction under the law of which livelyn himited liability company is organized) Not applicable (Date first transacted business in Florida, if prior to registration.) (See sections 603,0904 & 603,0905, F.S. to determine penalty liability) Brandywine Village, 1807 North Market Street Brandywine Village, 1807 North Market Street (Mailing Address) (Street Address of Principal Office) Wilmington, DE 19802-4810 Wilmington, DE 19802-4810 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 S. Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 4t the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Afterther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amfamiliar with and accept the obligations of my position as registered agent. Sherry McGinnes, Assistant Secretary Mury Mc Granes (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity; Name and Address Name and Address: Title or Capacity: Michael Patladino President/Manager Robert Morgan Vice President/MGR One Bala Plaza, Ste-100 One Bala Plaza, Ste. 100 Bala Cynwyd, PA 19004 Bala Cynwyd, PA 19004 Scott Yurko Nicole Reed Vice President/Manag Secretary One Bala Plaza, Stc. 100 Bala Cynwyd, PA 19004 One Bala Plaza, Stc. 100 Bala Cynwyd, PA 19004 SEE ATTACHMENT (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

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submitted in a document to the Department of State constitutes a third degree felony as provided for in s.847:155, F.S.

REGISTRATION SECTION DIVISION OF COPORATIONS FLORIDA APPLICATION ATTACHMENT TO #8

| | Bala Cynwyd, PA 19004 | |
|-----------------------|-------------------------------------|-----------------------------------|
| Nora Howard | One Bala Plaza, Suite 100 | Assistant Secretary |
| | Bala Cynwyd, PA 19004 | Member |
| Maguire Insurance Age | ncy, Inc. One Bala Plaza, Suite 100 | Operating Manager |
| <u>Name</u> | <u>Address</u> | Position with Purchasing Group |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SELECT COMMUNITIES RISK PURCHASING

GROUP, 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 TWENTY-SIXTH DAY OF MARCH,

A.D. 2018.

Authentication: 202390524

Date: 03-26-18