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PHONE: 254,729,8002 FAX: 254.729.8069

May 16, 2018

Client Code: 1864

Florida Secretary of State Division of Corporations Corporate Filings 2661 Executive Center Circle Tallahassee, FL 32301

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of Grossberg and Son, LLC

The items checked below are enclosed.

Application for Certificate of Authority Check #29101 Amount \$ 125.00 Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely.

Kenneth Martin

Kenneth Martin Annuals and Corporates Specialist Insurance Licensing Services of America, Inc. 111 N. Railroad St P.O. Box 390 Groesbeck, TX 76642

Ph: 254.729.6113 Fax: 254.729.8067

Email: kmartin@ilsainc.com

2

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Grossberg and Sor	1, LLC Limited Liability Company, must include "Limite	d Liability Con	npany," "L.L.C.," or "LLC	,	
716		-24- TTIA		AT. C	
Deleviore	ame adopted for the purpose of transacting business in Flo			iability Company, L.L.C., or LLC.	
2. Delaware Quisdiction under the law of w	f which toreign limited liability company is organized)			(FEI number, if applicable)	
				,	
4					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) me penalty liabilit	y)		
5. 312 Chelsea Manor (Street Address of Principal Office)		6. 31	6312 Chelsea Manor		
Park Ridge, NJ 07656			(Mailing Address)		
		Park Ridge, NJ 07656			
7. Name and street address Name:	ss of Florida registered agent: (P.O. Box C T Corporation System	NOT accep	otable)		
			_	2. 12	
Office Address:	1200 South Pine Island Road		_		
	Plantation		, Florida <u>33324</u>		
designated in this applica to comply with the provisi and accept the obligation	ntance: registered agent and to accept service of pation. I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. Register	S registered and comple James H signature) as/have author	agent and agree to acted performance of m	ed liability company at the place et in this capacity. I further agre with whites, and I am familiar with	
(Use attachments if neces	sary)				
jurisdiction under the law of the translator must be so 10. This document is exec	tuted in accordance with section 605.020. The Department of State constitutes at the Docusioned by: Matt	ae is in a fore (1) (b). Flo ird degree fe	ign language, a transl rida Statutes. I am aw lony as provided for i	ation of the certificate under oath	
	Matt Gro	ssberg			

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GROSSBERG AND SON, 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 THIRD DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROSSBERG AND SON, LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2017.

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



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SR# 20182358254

Authentication: 202438359

Date: 04-03-18