## 11/8000006189

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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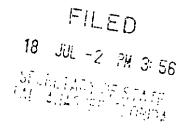
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TN Trans Risk Solution (Name of Foreign)	Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "L	I.C.")
(If name unavailable, enter alternate m	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limit	ed Linbility Company," "L.L.C," or "LLC.")
2. Iowa		3. 83-0827597	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)		I number, if applicable)
4			
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	tgistration.) ne penalty hability)	
5. 500 1st Street SE		6. 500 1st Street SE	<u> </u>
(Street Address of Principal Office) Cedar Rapids, IA 52401		(Mailin Codar Rapids, IA 5240	g Address)
	·	- Codd Tuping III 22 i	
<del></del>			
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name;	Corporation Service Company		ψ, ψ,
Office Address:	1201 Hays Street		·
Office Address.	· · · · · · · · · · · · · · · · · · ·		1
	Tallahassee (City)	, Florida 32301	in cade)
8. The name, title or capa Title or Capacity:	Michele Henry, Assistant Vice President and address of the person(s) who has Name and Address:	ı (	ire: Name and Address:
Manager	Duane J. Smith	Manager	Jason D. Smith
	500 1st Street SE		500 1st Street SE
	Cedar Rapids, IA 52401		Cedar Rapids, IA 52401
Manager	Randall Rings		
	500 1st Street SE Cedar Rapids, IA 52401	•	
(Use attachments if necess		•	
	•	1	-1 1
	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)		
submitted in a document to	uted in accordance with section 605.0203 the Department of State constitutes a thi		
TN Trans Risk Solutions, I	By: Gald Bi		
	Signature	of an authorized person	
	Randall Rings, Manager		
		printed name of signee	

## IOWA SECRETARY OF STATE PAUL D. PATE





## CERTIFICATE OF EXISTENCE

Date: 6/12/2018

Name: TN TRANS RISK SOLUTIONS, L.C. (489DLC - 444446)

Date of Incorporation: 10/15/2012

**Duration: PERPETUAL** 

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
  - a. The entity is in existence and duly incorporated under the laws of lowa.
  - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
  - c. The most recent biennial report required has been filed with the Secretary of State.
  - d. The Secretary of State has not administratively dissolved the limited liability company.
  - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS151285

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State