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COVER LETTER

TO:		ion Section of Corporation:	s ·					
SUBJE		el Insurance A	·					
.,0131				imited Liability (Company	,		
			eign Limited Liability Compa I to register the above referen					
Please	return all co	rrespondence co	oncerning this matter to the f	ollowing:				
	L	₋aura L. Wese	lmann					
	Name of Person							
	ŀ	Harlowe & Falk LLP						
	-		Fir	m/Company	•			
	1	1 Tacoma Avenue North, Suite 300						
	_			Address				
	ר	Tacoma, WA 98403						
	City/State and Zip Code							
	pe	te.hendrick@p	oropelinsurance.com					
			E-mail address: (to be used	for future annual	report noti	ification)		
For fur	ther informa	tion concerning	this matter, please call:					
	Laura L.	Weselmann		253	284-44	16		
		Name of	Contact Person	Area Code	Dayı	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bt 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301				
Enclose		for the following Filing Fee	ng amount: □ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer 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:

	Some Sin This office Sin Tastalshi,		
1. Propel Insurance Age	ency, LLC		
•	Limited Liability Company; must include "Limited	1 Liability Company," "L.L.C.," or "LLC	C.")
Propel Insurance Broke	37S, LLC same adopted for the purpose of transacting business in Flor	ids. The alternate name must include "Limited	Lishility Company ""L. I. C. " or "L. I. C.")
₂ Washington	and another to the propose of transacting desired in Fig.	3 91-0830024	company, salact, of EEC.
~,	hich foreign limited liability company is organized)	J	number, if applicable)
4 05/18/2018			
4. 00/10/2010	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.)	
5 1201 Pacific Avenue		·	
(Street Address of Principal Office)		6. PO Box 2940 (Mailing 2	Address) 6
Suite 1000		Tacoma, WA 98401	- 10 M
Tacoma, WA 98402			
	·		55 0 M
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company		70.0
	4204 Lleve Otrock		0077
Office Address:	1201 Hays Street		50° 00
•	Tallahassee	, Florida 32301	
Registered agent's accep	(City)	(Zip	code)
	tance. gistered agent and to accept service of p	rocess for the above stated limit	(ad lighility gammany at the plane
designated in this applica	tion, I hereby accept the appointment as	registered agent and agree to a	eu naonny company at the place oct in this conneity. I further agree
to comply with the provisi	ons of all statutes relative to the proper	and complete performance of m	ly duties, and I am familiar with
and accept the obligation:	s of my position as registered agent.		•
	Mein V. Bally Megan L. Brei	z/Assistant Secretary	•.
	(Registered agent's si	gnalure)	
8. The name, title or capa	icity and address of the person(s) who has	have authority to manage is/are	:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
President	Kurt Carlson	Treasurer	Peter Hendrick
	1201 Pacific Ave Ste 1000	<u> </u>	1201 Pacific Ave Ste 1000
	Tacoma WA 98402		Tacoma WA 98402
Secretary	Peter Comfort	Assistant Secretary	Elim Hanley
	1201 Pacific Ave Ste 1000		1201 Pacific Ave Ste 1000
	Tacoma WA 98402		Tacoma WA 98402
(Use attachments if necess	sary)	•	
9. Attached is a certificate	of existence, no more than 90 days old, d	uly authenticated by the official	having custody of records in the
jurisdiction under the law of	of which it is organized. (If the certificate	is in a foreign language, a transl	ation of the certificate under oath
of the translator must be su	bmitted)		
10. This document is execu	ited in accordance with section 605.0203	(1) (b). Florida Statutes. Lam aw	are that any false information
	the Department of State constitutes a thir		
	£10	·	
<u> </u>	Signature of	an authorized person	

Laura L. Weselmann, Authorized Agent

Typed or printed name of signee

The State of Washington

HINE.

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PROPEL INSURANCE AGENCY, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/02/1968.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/26/2018

· TESTS

UBI Number: 278 049 065



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tin Ugna

Date Issued: 06/26/2018