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## COVER LETTER

TO:

TO:	Registration of	on Section Corporatio	ns ,		
SUBJE	CT:	Key :	Inswauce .a. Name of	Financial C Limited Liability Company	DENUICES, LIMITED LIAB COMANY
The end Existen	closed "Appl ce, and chec	ication by Fo k are submitte	reign Limited Liability Com ed to register the above refer	pany for Authorization to Tra enced foreign limited liability	insact Business in Florida," Certificate of company to transact business in Florida.
Please 1	return all cor	respondence	concerning this matter to the	e following:	
	_	D,	ANIEL T. K	EENAJ Varne of Person	
	_	KEY	Insuvance of	+ Fivancial So	wices, uc
	_	200	3 CAMPA	Address	<del></del>
	_	Fo	RT MYERS, I	FLORIDA 3 State and Zip Code	9901
		dk	extine exama E-mail address: (to be use	O COM ed for future annual report no	tification)
For fur	ther informat	tion concerni	ng this matter, please call:		
	DA	Name	ENAN of Contact Person		10.4057 rime Telephone Number
	Division o Registration P.O. Box 6	GADDRESS f Corporation on Section	<u>:</u>	STREET Division Registrat Clifton E 2661 Exc	<u>CADDRESS:</u> of Corporations ion Section
Enclos		for the follo Filing Fee	wing amount:  \$\sum \\$130.00 \text{Filing Fee & Certificate of Status}	☐ \$155.00 Filing Fee & 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:

name unavailable, enter alternate name adop	ted for the purpose of transacting business in Floric		
(Jurisdiction under the law of which forei	an limited liability commany is commoned)	3. <u>47-384954</u>	number, if applicable)
(Jurisdiction mixed the faw of which folds)	gi intuied intointy company is organized)	(4.00)	
	ate first transacted business in Florida if prior to re-	egistration.)	
)šč	ate first transacted business in Florida, if prior to re- e sections 605.0904 & 605.0905, F.S. to determine	e penalty liability)	
Street Address of Principal	Office)	6. SAMB (Mailing	Address)
Ft Myeus, FL	33901		
			18
Name and street address of F	orida registered agent: (P.O. Box	NOT acceptable)	SECH TI
Name:	AN KEENAN	· · · · · · · · · · · · · · · · · · ·	
Office Address: 24	000 PINS LIGGE WA	55 G-l	SSE 7
$\overline{\rho}$	MM HARBOR	. Florida 34	684
<i>_.</i>	(City)	, 1 1011da(Zıı	r code)
gistered agent's acceptance			فَيْ اللَّهُ
		and a confirmation of the lines	
aving been named as register	ed agent and to accept service of p	rocess for the above stated lim	ited itability company at the pia act in this canacity. I further as
signated in this application, I	hereby accept the appointment as	registered agent and agree to	act in this capacity. I further a
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Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KEY INSURANCE AND FINANCIAL SERVICES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2385342, was organized within the State of Ohio on April 13, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of July, A.D. 2018.

Ohio Secretary of State

Jon Hastel

Validation Number: 201819002174