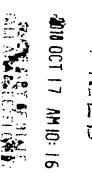
## M 18 0000009335

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Basiliess Entry Name)	
(Document Number)	
(Document Number)	
Continue of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

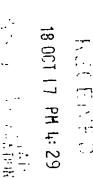


000319710130



T. CLINE 0CT 18 20 18

**EXAMINER** 



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 448230 7561149

AUTHORIZATION : Simula

COST LIMIT : \$\sqrt{1\fmathbb{1}\fmathbb{2}}\cdot 00

ORDER DATE: October 17, 2018

ORDER TIME : 2:52 PM

ORDER NO. : 448230-005

CUSTOMER NO: 7561149

## FOREIGN FILINGS

NAME: FBN INSURANCE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<del></del>	Limited Liability Company, must include "Lim		<del></del>	·	- <u></u> -	
	name adopted for the purpose of transacting business in l		Liability Compa	amy," "L. L	. C," or "1.1	.C,")
2 Delaware (Jurisdiction under the law of which foreign limited liability company is organized)		3. 61-1895304 (FEI number, if applicable)				
4	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to deter	to registration )				
	(See sections 605 0904 & 605,0905, F.S. to deter		_		دند	
5. 388 El Camino Real (Street Address of	Programal Office 1	6. 388 El Camino Real	Address)	<u>= 72                                   </u>	=	=
San Carlos, CA 94070	·	San Carlos, CA 94070	TOGE CAST	? <b>!</b> }	2	• • •
		<del></del>		<b>*</b> • • •		
<del>-</del>			·	77. "	<del></del>	- 1
7 Name and street addre	ss of Florida registered agent: (P.O. Bo	ov. NOT acceptable)			2	{ (°
7. Name and <u>street addre</u>	_	ox <u>(NOT</u> acceptable)		الله الله الله الله الله الله الله الله	AM IO:	
Name:	Corporation Service Company			<b>3</b> 2	=	
Office Address:	1201 Hays Street			7 5.	9	
	Tallahassee	22201				
	(Ctv)	, Florida 32301	code)			
designated in this applicate to comply with the provis	ition. I hereby accept the appointment ions of all statutes relative to the prop		ict in this c ny duties, a BO	apacity nd I ar xanne	r. <i>I furt</i> n famili 3 <b>Turn</b> e	her agree ar with M
designated in this applicate to comply with the provis	ution, I hereby accept the appointment ions of all statutes relative to the proposition as registered agent.  Corporation Services Company By:	as registered agent and agree to a er and complete performance of m	ict in this c ny duties, a BO	apacity nd I ar xanne	v. I furt	her agree ar with M
designated in this applicate to comply with the provis	ution. I hereby accept the appointment ions of all statutes relative to the proposts of my position as registered agent.  Corporation Services Company	as registered agent and agree to a er and complete performance of m	ict in this c ny duties, a BO	apacity nd I ar xanne	r. <i>I furt</i> n famili 3 <b>Turn</b> e	her agree ar with M
designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap	ation. I hereby accept the appointment ions of all statutes relative to the proposition as registered agent.  Corporation Service Company By:  (Registered agent acity and address of the person(s) who	er and complete performance of notice to a serious and complete performance of notice (x signature)  has/have authority to manage is/are	net in this e ny duties, a Ro Asst	apacity nd I ar xanne , Vice	v. I furt in famili e Turne Presid	her agree ar with ar lent
designated in this applica to comply with the provis and accept the obligation	ution. I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent.  Corporation bervices company By:  (Registered agent)	t as registered agent and agree to a er and complete performance of n.	net in this e ny duties, a Ro Asst	apacity nd I ar xanne , Vice	r. <i>I furt</i> n famili 3 <b>Turn</b> e	her agree ar with ar lent
designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap	ation. I hereby accept the appointment tions of all statutes relative to the property of my position as registered agent.  Corporation betwicer ampany By:  (Registered agent acity and address of the person(s) who Name and Address:  Amol Deshpande	er and complete performance of notice to a serious and complete performance of notice (x signature)  has/have authority to manage is/are	et in this cony duties, a Ro Ro Asst Name	apacity nd I ar  xanne , Vice  and A	e. I furt n famili e Turne Presio	her agree ar with ar lent
designated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	acity and address of the person(s) who  Name and Address:  Amol Deshpande  acity and address of the person(s) who  188 El Camino Real	t as registered agent and agree to a er and complete performance of notice (signanue)  has/have authority to manage is/are  Title or Capacity:	et in this comy duties, a Ro Asst  Name Eric (388 F	nd I are xanne. Vice	e. I furting familia of Turne President Address	her agree ar with or lent
designated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	ation. I hereby accept the appointment tions of all statutes relative to the property of my position as registered agent.  Corporation betwicer ampany By:  (Registered agent acity and address of the person(s) who Name and Address:  Amol Deshpande	t as registered agent and agree to a er and complete performance of notice (signanue)  has/have authority to manage is/are  Title or Capacity:	et in this comy duties, a Ro Asst  Name Eric (388 F	nd I are xanne. Vice	e. I furt n famili e Turne Presio	her agree ar with or lent
designated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	acity and address of the person(s) who  Name and Address:  Amol Deshpande  acity and address of the person(s) who  188 El Camino Real	t as registered agent and agree to a er and complete performance of notice (signanue)  has/have authority to manage is/are  Title or Capacity:	et in this cony duties, a Ro Asst Name Eric (388 F San C	nd I are xanne. Vice	e. I furtin familia e Turne Presion Address	her agree ar with or lent
designated in this applicate to comply with the provise and accept the obligation  8. The name, title or cap Title or Capacity: CEO	acity and address of the person(s) who  Name and Address:  Amol Deshpande  388 El Camino Real San Carlos, CA 94070  Maria Olide  388 El Camino Real San Carlos, CA 94070	t as registered agent and agree to a er and complete performance of mer and complete performance.    Vice President/Sec   Vice Presid	et in this cony duties, a RO Asst  Name Eric Colors San Colors Lucas 388 E	apacity and I ar xanne Vice and A Carnell Carnels Carlos Carlos	n. I furting familia Turne Presion Address	her agree ar with er lent
designated in this applicate to comply with the provise and accept the obligation  8. The name, title or cap Title or Capacity: CEO  CFO	acity and address of the person(s) who  Name and Address:  Amol Deshpande  388 El Camino Real San Carlos, CA 94070  Maria Olide  388 El Camino Real San Carlos, CA 94070	t as registered agent and agree to a er and complete performance of mer and complete performance.    Vice President/Sec   Vice Presid	et in this cony duties, a RO Asst  Name Eric Colors San Colors Lucas 388 E	apacity and I ar xanne Vice and A Carnell Carnels Carlos Carlos	n. I furt m famili e Turne Presio Address	her agree ar with er lent
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity: CEO	acity and address of the person(s) who  Name and Address:  Amol Deshpande  388 El Camino Real San Carlos, CA 94070  Maria Olide  388 El Camino Real San Carlos, CA 94070	t as registered agent and agree to a er and complete performance of mer and complete performance.    Vice President/Sec   Vice Presid	et in this cony duties, a RO Asst  Name Eric Colors San Colors Lucas 388 E	apacity and I ar xanne Vice and A Carnell Carnels Carlos Carlos	n. I furting familia Turne Presion Address	her agree ar with er lent
designated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity: CEO  CFO  (Use attachments if neces) 9. Attached is a certificate	acity and address of the person(s) who  Name and Address:  Amol Deshpande  388 El Camino Real San Carlos, CA 94070  Maria Olide  388 El Camino Real San Carlos, CA 94070  Sary)  e of existence, no more than 90 days old of which it is organized. (If the certific	tax registered agent and agree to a er and complete performance of mer and complete performanc	e: Name Eric C 388 F San C Lucas San C	apacity and I ar exanne Carnell Camell Camell Camell Camell Camell Carlos.	n I further familia Turne Preside Address  Address  Address  Address  Address  Address  Address  Address  Address  Address	her agree ar with Br lent
8. The name, title or cap Title or Capacity: CEO  CFO  (Use attachments if neces)  9. Attached is a certificate jurisdiction under the law of the translator must be s  10. This document is executed.	acity and address of the person(s) who  Name and Address:  Amol Deshpande  388 El Camino Real San Carlos, CA 94070  Maria Olide  388 El Camino Real San Carlos, CA 94070  Sary)  e of existence, no more than 90 days old of which it is organized. (If the certific	tas registered agent and agree to a er and complete performance of me and complete performanc	er in this cony duties, a Ro Asst  Ro Asst  Eric C 388 F San C Lucas 388 E San C Lucas 188 E San C Luc	e and A Carnell Carlos. Carlos. Carlos. Carlos. Carlos. Carlos.	Address ino Real CA 940 frecords frecords	her agree ar with of lent lent

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FBN INSURANCE 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 NINTE DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FBN INSURANCE LLC" WAS FORMED ON THE TWENTY-SIXTE DAY OF JUNE, A.D. 2018.

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

6950159 8300 SR# 20186103168

SR# 20186103168
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203223233

Date: 08-09-18