M1800010298

(Requestor's Name)						
(Address)						
(Address)						
, , ,						
(City/State/Zip/Phone #)						
(Only) States Zips: Hone #7						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



800314867828



2010 MOV IS AMID: 15 SECRETARY OF STAIL ALLAHASSEE, FLORIDA

FILED

J-16-18

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 483013 5048406 AUTHORIZATION COST LIMIT : \$ ORDER DATE: November 13, 2018 ORDER TIME : 3:42 PM ORDER NO. : 483013-110 CUSTOMER NO: 5048406 FOREIGN FILINGS NAME: DTC GLIC, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO: Registration Section

Div	rision of Corporation	S					
eunicer.	DTC GLIC, LLC Name of Limited Liability Company						
SUBJECT:							
The enclosed Existence, as	d "Application by Fore nd check are submitted	eign Limited Liability Compi I to register the above refere	any for Authorizat need foreign limite	ion to Trar ed liability	sact Business in Florida," Co company to transact business	ertificate of s in Florida	
Please return	n all correspondence co	oncerning this matter to the f	ollowing:				
	Sarah Chen						
	Name of Person						
	The Guar	dian Life Insurance Fil	<u>Company</u> m/Company	of Am	erica		
	7 Hanover Square Address						
	New York	10004 City/St	ate and Zip Code				
	sarah-d	E-mail address: (to be used	for future annual	report noti	fication)		
For further i	information concerning	g this matter, please call:					
Sarah Chen		212 at (919-773	1			
	Name of Contact Person		Area Code	Dayt	ime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	a check for the follow \$125,00 Filing Fee	ing amount: \$\Boxed{\text{\ti}\text{\texitex{\text{\text{\texi}\text{\text{\texict{\text{\texi}\text{\texi}\tintt{\text{\text{\text{\text{\texi}\text{\texit{\text{\tet	□ \$155.00 Filin Certified Copy	ng Fee &	CI \$160.00 Filing Fee, Cert of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DTC GLIC, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. ^{NY} (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 11/16/18 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7 Hanover Square, New York, NY 10004 (Street Address of Principal Office) 7 Hanover Square, New York, NY 10004 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: _ , Florida <u>32301</u> Tallahassee Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performing (FO) duties, and I am familiar with and accept the obligations of my position as registered agent.
Corporation Service Corporation Asst. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcia Vanuccini, Manager- 7 Hanover Square, New York, NY 10004 The Guardian Life Insurance Company of America, Member- 7 Hanover Square, New York, NY 10004 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marcia Vanuccini, Manager

Typed or printed name of signee

State of New York Department of State } ss

I hereby certify, that GUARDIAN DIRECT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/19/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment GUARDIAN DIRECT, LLC, changing its name to DTC GLIC, LLC, was filed 06/19/2018.



Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of November two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

201811130942 + 45