

M19000003746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

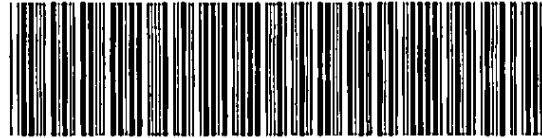
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

4/12/19 YS ✓

April 9, 2019

Florida Department of State
Division of Corporations
Registration Section, Clifton Building
2661 Executive Center Circle
Tallahassee, FL 323011

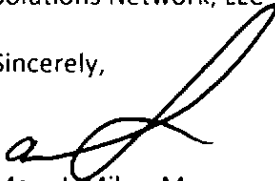
RE: Insurance Savings & Solutions Network, LLC, a Wyoming LLC
Wyoming Entity Identification Number 2018-000830677
Insurance Savings & Solutions Network, LLC, a Florida LLC
Document # L18000280904

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TALLAHASSEE, FLORIDA

To Whom it May Concern:

I, Marc Miles, as Manager of the Wyoming LLC, Entity Identification Number, 2018-000830677, (the "Wyoming Entity") which is the Manager and Member of the Florida LLC with Document Number L18000280904, hereby give permission for the Wyoming Entity to use the name Insurance Savings & Solutions Network, LLC when qualifying to do business, and to conduct and transact business in Florida.

Sincerely,



Marc J. Miles, Manager
Insurance Savings & Solutions, Network LLC
Manager & Member
Insurance Savings & Solutions Network, LLC Document # L18000280904

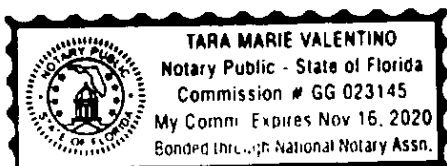
Acknowledged and subscribed before me by Marc J. Miles P.A. who is personally known to me o, and sworn to and subscribed before me on April 9th, 2019

Given under my hand and seal of office, on the 9th day of April, 2019.



Notary Public, State of Florida

Notary's printed name: TARA Marie Valentino



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insurance Savings & Solutions Network LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marc Miles
Name of Person

Law Offices of Marc J. Miles P.A.
Firm/Company

333 Tamiami Trail S. Ste. 1
Address

Venice, FL 34285
City/State and Zip Code

mmiles@marcmileslaw.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Marc Miles at (941) 484-8280
Name of Contact Person Area Code Daytime 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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:

1. INSURANCE SAVINGS & SOLUTIONS NETWORK 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. WYOMING

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2701717

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 333 Tamiami Trail S. Ste. 219

(Street Address of Principal Office)

Venice, FL 34285

6. 333 Tamiami Trail S. Ste.

(Mailing Address)

Venice, FL 34285

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Law Offices of Marc J. Miles P.A.

Office Address: 333 Tamiami Trail S. Ste. 219

Venice 34285

(City)

, Florida

(Zip code)

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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

MGR

MACLEOD MANAGEMENT SERVICES, LLC

333 TAMiami TRAIL S. STE. 219

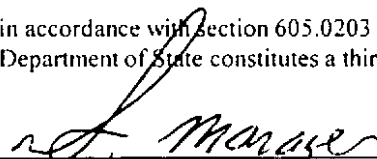
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(Use attachments if necessary)

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)

10. 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.



Signature of an authorized person

Mac Miley, Manager Macleod Management Services LLC

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Insurance savings & solutions network LLC

is a

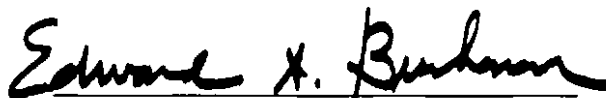
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 30, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000830677**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of April, 2019 at 8:57 AM. This certificate is assigned 030621821.




Secretary of State