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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

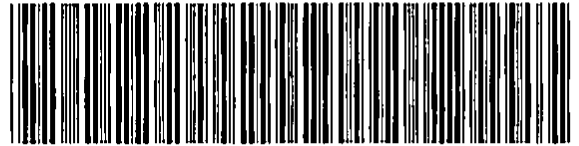
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 JUL -3 AM 9:57
MAY 1 2019
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JUL 15 2019



Parul Sehgal
Corporate Counsel & Assistant Secretary
Corporate Legal Department
6301 Owensmouth Avenue
Woodland Hills, CA
Tel 818-965-0277
Fax 818-965-0342
parul.sehgal@farmersinsurance.com

June 27, 2019

Florida Department of State
Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Application for Registration of Foreign LLC – Toggle Services, LLC

To Whom It May Concern,

Please see the attached Application By Foreign Limited Liability Company form to register Toggle Services, LLC as a foreign limited liability company.

Upon registering the name, I would really appreciate it if you could please provide a copy of the filing receipt. Included is a self-addressed, pre-paid FedEx envelope to assist with this request.

If you have any questions or require any additional information, please let me know.

Regards,

Parul Sehgal
Corporate Counsel & Assistant Secretary

Enclosures (5):

Cover Letter
Application by Foreign Limited Liability Company
Certificate of Good Standing
\$130.00 Filing Fee
Return Fed-Ex Envelope

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2019 JUL -3 AM 9:57
TALLAHASSEE, FL
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Toggle Services, 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:

Parul Sehgal

Name of Person

Farmers Group, Inc.

Firm/Company

6301 Owensmouth Avenue

Address

Woodland Hills, CA 91367

City/State and Zip Code

pam.vanrees@farmersinsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Hutchinson

302

252-4942

Name of Contact Person

at ()

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2019 JUL -3 AM 9:57

FILED

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. Toggle Services, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3256280
(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. 6301 Owensmouth Avenue
(Street Address of Principal Office)

6. 6301 Owensmouth Avenue
(Mailing Address)

Woodland Hills, CA 91367

Woodland Hills, CA 91367

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

Name: Corporation Service Company

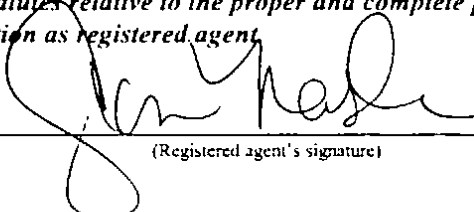
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

Gloria Nash
Assistant VP


(Registered agent's signature)

2019 JUL -3 AM 9:57
CLERK OF COURT
JUL 3 2019
CLERK OF COURT

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☐ Manager Name: Stephanie T. Lloyd

☐ Member Address: 6301 Owensmouth Avenue

☒ Authorized Woodland Hills, CA 91367

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

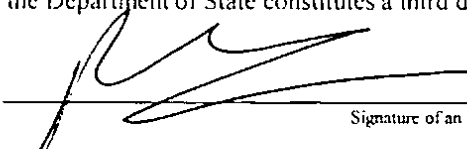
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Parul Sehgal

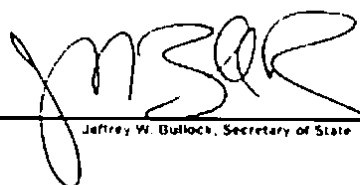
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TOGGLE SERVICES, 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 THIRTY-FIRST DAY OF MAY, A.D. 2019.


Jeffrey W. Bullock, Secretary of State

7085577 8300

SR# 20194885324

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

Authentication: 202929687

Date: 05-31-19