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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company McGill Global Risk Solutions LLC

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Help

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

<i>COMPANETOTRANSACTI</i> U _{L.} McGill Global Risk Sol			-
(Name of Foreign	Limited Etability Company, most include "Limite	d Lizbinity Company," "L.L.C., or "LLC,")	
N/A			20 - 21 = = 01 1 2 = or 5 1 2 = 1
(If name unstablished) order alternace is	are adopted for the purpose of transacting business in De-		inay Company, 1910, 14 (acc.)
2. Delaware (Jundeton under the taw of w.)	neh kenga lusted hability company is organized)	3. 35-2671645 (FELmian)	or (Capplicable)
4. Upon Qualification	(Date first transacted business in Florata, if prior to (See accessing 605,0904 & 605,0905, F.S. to determine	registration >	
5 230 Park Avenue 3rd I		6 Same	
(Siree) Acdress of	rancipal Office)	(Mailing Add:	rest)
New York, 10169			
	· · · · · · · · · · · · · · · · · · ·		
	and the state of the Pro-	NOT avaintship)	
 Name and <u>street addres</u> 	s of Florida registered agent: (P.O. Box	NOT acceptance)	
Name:	C T Corporation System	 	
Office Address:	1200 South Pine Island Road	<u></u>	
	Plantation	Florida 33324	
	(Cay)	., Floridu <u>33324</u> (7ip vol	le;)
ing accept the obligation	s of my position as registered agent.		
•	By: C T Corporation System (Regularid spinit)	Kimberly Laughre	
•	s of my position as registered agent. By: C T Corporation System	Kimberly Laughre signature authority to manage is/are: <u>Title or Capacity:</u>	
8. The name, title or cap	By: C T Corporation System (Regarded agent) (Regarded agent) acity and address of the person(s) who h Name and Address: Michael K. O'Connell	Kimberly Laughre signature authority to manage is/are: <u>Title or Capacity:</u>	ey, Asst. Sec.
8. The name, title or cap <u>Title or Capacity:</u>	By: C T Corporation System (Regarded sport) acity and address of the person(s) who h Name and Address:	Kimberly Laughre	ey, Asst. Sec.
8. The name, title or cap <u>Title or Capacity:</u>	By: C T Corporation System (Regarded sport) acity and address of the person(s) who h Name and Address: Michael K. O'Connell 230 Park Ave., 3rd Floor	Kimberly Laughre signature authority to manage is/are: <u>Title or Capacity:</u>	ey, Asst. Sec.
8. The name, title or cap <u>Title or Capacity:</u>	By: C T Corporation System (Regarded sport) acity and address of the person(s) who h Name and Address: Michael K. O'Connell 230 Park Ave., 3rd Floor	Kimberly Laughre signature authority to manage is/are: <u>Title or Capacity:</u>	ey, Asst. Sec.
8. The name, title or cap Title or Capacity: Munuger	By: C T Corporation System (Regularid agent) (Reg	Kimberly Laughre signature authority to manage is/are: <u>Title or Capacity:</u>	ey, Asst. Sec.
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces	By: C T Corporation System (Regarded agent)	Kimberly Laughre signature authority to manage is/are: Title or Capacity: MANAGE	Name and Address:
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	By: C T Corporation System (Regarded spent) acity and address of the person(s) who h Name and Address: Michael K. O'Connell 230 Park Ave., 3rd Floor New York, NY 10169 ssary) of existence, no more than 90 days old of which it is organized. (If the pertification of the continue	As/have authority to manage is/are: Title or Capacity: MANATE duly authoriticated by the official h	Name and Address:
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s	By: C T Corporation System (Requested agent) (Req	As/have authority to manage is/are: Title or Capacity: MANAGE duly authenticated by the official hate is in a foreign language, a translation of the company of the comp	Name and Address: aving custody of records in the tion of the certificate under or that any false information
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s	By: C T Corporation System (Requested spent) active and address of the person(s) who hear and Address: Michael K. O'Connell 230 Park Ave., 3rd Floor New York, NY 10169 seary) c of existence, no more than 90 days old of which it is organized. (If the pertification intentitied)	As/have authority to manage is/are: Title or Capacity: MANAGE duly authenticated by the official hate is in a foreign language, a translation of the company of the comp	Name and Address: aving custody of records in the tion of the certificate under or that any false information
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCGILL GLOBAL RISK SOLUTIONS 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2019.

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

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

Authentication: 203825136

Date: 10-18-19