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To:

Division of Corporations

Fax Number : (850)617-6383

From:

25 Ġ

ions dec 26

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for tuture of annual report mailings. Enter only one email address please.\*\*

Email Address:\_

Foreign Limited Liability Company Ag Resource Insurance, LLC

Certificate of Status	U U
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Help



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

IN COMPLIANCE WITH SE COMPANY TOTRANSACT	TCTION 603.0902, FLORIDA STATUTES, THE FC BUSINESS IN THE STATE OF FLORIDA:	DLLOWING IS SUBMITTED TO REGISI	TERA FORFIGN (IMITEL) LIABILITY
Ag Resource Insurance	oe, LLC in Limited Liability Company; must include "Limited	Lability Company	
		relating company, accept of the f	
	stime adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Lin	bility Company, ""L.L.C," or "LLC,";
Defaware (Jurisdiction under the law of which foreign limited liability company is organizad)		3. 47-4888331 (FEI пълзън, Парріісавік)	
4. Upon Qualification			
· · · · · · · · · · · · · · · · · · ·	(Date liest impracred limitness in Florida, if prior to re (See sections 605 0904 & 605 0903, F.S. to determine	gistration.) ponalty lab.hty)	<del>-, _, _, _, _</del>
5 5975 S. Quebec St., S	Suite 330	6. 5975 S. Queboc St., Suite 3	30 A S
Centonnial, CO 8011		(Melling Addi- Centennial, CO 80111	2019 DEC
			SE P6
7. Name and street addre	প্রহ of Florida registered agent: (P.O. Box ়	NOT acceptable)	유유 교 [1]
Name;	CT Corporation System	_	
Office Address:	1200 South Pine Island Road		LATE ORIDA
	Plantation	, Fiorida 33324	
	sions of all statutes relative to the proper and sof my position as registered agent.  By: C.T Corporation System  (Rightered agent's significant		aphin Assi. Secretary
	(Rigistered agent's sig	miur)	<del></del> -
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who has <u>Name and Address:</u>	have authority to manage is/erc: Title or Capacity:	Name and Address:
MANAGER	Thomas Bradford Terral		
	5975 S. Ouebec St., Ste 330 Centennial, CO 80111		
MANAGER	Amulize Kirsten 5975 S. Ouebec St., Ste 330 Centennial, CO 80111		
(Use attachments if neces	ssarý)		•
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old, do of which it is organized. (If the certificate aboutted)	ily authenticated by the official hav is in a foreign language, a translatic	ring custody of records in the on of the certificate under oath
	cated in accordance with section 605,0203 ( to the Department of State constitutes a third		
		<u> </u>	
	Signature of	เลเสมสำหรับอยู่ piction	***************************************

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AG RESOURCE 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 TWENTY-FOURTH DAY OF DECEMBER, A.D. 2019.

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

PAID TO DATE.

DISOEC 26 PM 4: 45
DECRETARY OF STATE
LLAHASSEF, FLORIDA

5804124 8300 SR# 20198839751

Authentication: 204291525

Date: 12-24-19