

10/6/2020

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383

From: Account Name : CORPORATION SERVICE COMPANY Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2020 OCT -6 PM 1:45

SECRETARY OF STATE

Foreign Limited Liability Company LEVEL INSURANCE AGENCY, LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (0), Page Count (04), Estimated Charge (\$125.00)

Handwritten signature/initials: YS 10/17/20

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COVER LETTER

H20000347586 3

TO: Registration Section
Division of Corporations
Level Insurance Agency, LLC

SUBJECT: _____
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.

_____ Name of Person

_____ Firm/Company

_____ Address

_____ City/State and Zip Code

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

2020 OCT -6 PM 4:51

For further information concerning this matter, please call.

_____ at (_____) _____
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.

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

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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:

Level Insurance Agency, LLC

1. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

DE

85-2617730

10/28/2020 11:51 AM

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

3. (FBI number, if applicable)

Upon filing

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

1000 N. West Street, Suite 1200

9450 SW Gemini Dr., PMB 92686

5. (Street Address of Principal Office)

6. (Mailing Address)

Wilmington, DE 19801

Beaverton, Oregon 97008-7105

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

Corporation Service Company

Name:

1201 Hays Street

Office Address

Tallahassee

32301

Florida

(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.

Corporation Service Company

By:

(Registered agent's signature)

[Handwritten signature]

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 Paul Ryan Aaron

Member Address 1000 N. West Street,

Authorized Suite 1200

Wilmington, DE 19801

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name Samuel Rockwood

Member Address 1000 N. West Street,

Authorized Suite 1200

Wilmington, DE 19801

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.

Samuel Rockwood

 Signature of an authorized person

Samuel Rockwood

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEVEL INSURANCE AGENCY, 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-SEVENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEVEL INSURANCE AGENCY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2020.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

3341886 8300

SR# 20206986121

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

Authentication: 203553297

Date: 08-27-20

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