

M21000003925

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: bryan@boatzon.com

Foreign Limited Liability Company
Boatzon Insurance LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

FILED

2021 APR -5 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FL

2021 APR -5 PM 3:10

SA

**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. Boatzon Insurance 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 3. 86-2184613
(Jurisdiction under the law of which foreign limited liability company is organized) (F.E.T. 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. 2500 E Hallandale Beach Blvd, Suite 717 6. 2500 E Hallandale Beach Blvd, Suite 717
(Street Address of Principal Office) (Mailing Address)

Hallandale Beach, FL 33009 Hallandale Beach, FL 33009

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

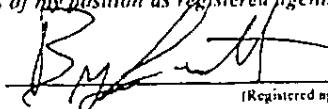
Name: Bryan Lenett

Office Address: 2500 E Hallandale Beach Blvd, Suite 717

Hallandale Beach 33009
(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.


(Registered agent's signature)

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TALLAHASSEE, FL

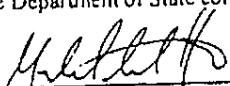
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Michael Muchnick	<input type="checkbox"/> Manager	Name: Bryan Lenett
<input checked="" type="checkbox"/> Member	Address: 2500 E Hallandale Beach Blvd	<input checked="" type="checkbox"/> Member	Address: 2500 E Hallandale Beach Blvd
<input type="checkbox"/> Authorized	Suite 717	<input type="checkbox"/> Authorized	Suite 717
Person	Hallandale Beach, FL 33009	Person	Hallandale Beach, FL 33009
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Omar Rodriguez	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2500 E Hallandale Beach Blvd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 717	<input type="checkbox"/> Authorized	_____
Person	Hallandale Beach, FL 33009	Person	_____
<input checked="" type="checkbox"/> Other Agency Principal	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Michael Muchnick

 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 "BOATZON 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 FIFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOATZON INSURANCE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2021.

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



5143745 8300

SR# 20211172941

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202891851

Date: 04-05-21