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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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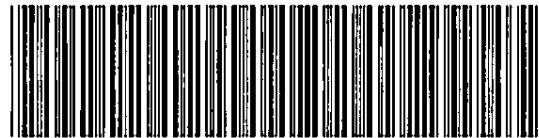
(Business Entity Name)

(Document Number)

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2021 APR 13 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FL

40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: About Insurance Solutions, 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:

James Harvin

Name of Person

Firm/Company

964 Pebblebrook Lane

Address

East Lansing, MI 48823

City/State and Zip Code

jharvin@jlhassociatesllc.com

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

For further information concerning this matter, please call:

James Harvin

517

351 4158

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. About Insurance Solutions, 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. DE 86-2710755
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1209 Orange Street 28 Liberty Street 8th Floor
(Street Address of Principal Office) (Mailing Address)

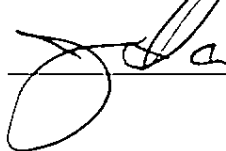
Wilmington, DE 19801 New York, NY 10036

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

Name: National Registered Agents, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

 ON BEHALF OF NRA/
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

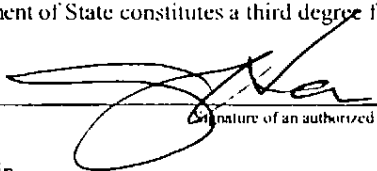
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jeff Hartwig</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Tim Quinn</u>
<input type="checkbox"/> Member	Address: <u>28 Liberty Street 8th Floor</u>	<input type="checkbox"/> Member	Address: <u>28 Liberty Street 8th Floor</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10036</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10036</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>James Harvin</u>	<input type="checkbox"/> Manager	Name: <u>Archie Jones, III</u>
<input type="checkbox"/> Member	Address: <u>964 Pebblebrook Lane</u>	<input type="checkbox"/> Member	Address: <u>28 Liberty Street 8th Floor</u>
<input checked="" type="checkbox"/> Authorized	<u>East Lansing, MI 48823</u>	<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10036</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>About, Inc.</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>28 Liberty Street 8th Floor</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>New York, NY 10036</u>	<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
 James Harvin

 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 THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "ABOUT INSURANCE
SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF
MARCH, A.D. 2021, AT 2:27 O'CLOCK P.M.


Jeffrey W. Bullock, Secretary of State

5384884 8100
SR# 20210813937

Authentication: 202676315
Date: 03-08-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:27 PM 03/05/2021
FILED 02:27 PM 03/05/2021

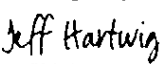
SR 20210813937 - File Number 5384884

**CERTIFICATE OF FORMATION
OF
ABOUT INSURANCE SOLUTIONS, LLC**

The undersigned, an authorized natural person, for the purpose of forming a limited liability company under the provisions and subject to the requirements of the Delaware Limited Liability Company Act, hereby certifies that:

1. The name of the limited liability company is **About Insurance Solutions, LLC**.
2. The address of the registered office of the limited liability company in the State of Delaware is 1209 Orange Street, in the City of Wilmington, County of New Castle, State of Delaware 19801. The name of the registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on this 4th day of March 2021.

DocuSigned by:

CE0B2E04E8DA4FD

Jeff Hartwig, Authorized Person