Division of Corporations

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Account Number: 075030000653 Phone : (904)359-7700 Fax Number : (904)359-7708

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## Foreign Limited Liability Company Savy Insurance Services, LLC

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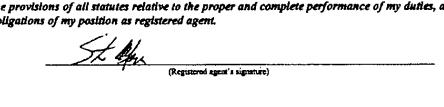
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

name unavailable, enter alternate s	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability Cor	mpany," "L.L.C," or "LLC.")	
Delaware		2		
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3. (PEI number, if applicable)		
	(Dute first transacted business in Florida, if prior to re (See accesses 605,0904 & 605,0905, F.S. to determine	peration.) penalty hability)		
5404 Cypress Center Drive, Suite 300		5404 Cypress Center Drive, Suite 300		
rect Address of Principal Office)	Mive, State 300	6. (Mailing Address)		
Tampa, FL 33609		Tampa, FL 33609		
			· · · · · · · · · · · · · · · · · · ·	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	2821 527	
	Smith Hulsey & Busey, Professional As	socciation		
Name:			2	
Office Address:	1 Independent Dr Ste 3300		79	
011100111001	Jacksonville	32202	ඩා .ක	
		, Florida	<del>-</del>	
	(City)	(Zip code)	$\sim$	



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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:	Title or Capacit	Yi Name and Address:
Manager	Name: James E. Albertelli	Manager	Name:
Member	Address:	□Member	Address:
□Authorized	5404 Cypress Center Drive, Suite 300	□Authorized	
Person	Tampa, FL 33609	Person	
Other	□Other	□Other	Other
☐ Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person		Person	
☐ Other		Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

	•
	Signsture of an authorized person
James E. Albertelli	

(((H210003541793)))

· Fax:



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAVY INSURANCE SERVICES, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAVY INSURANCE SERVICES, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2018.

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



Authentication: 204189850

Date: 09-17-21