11/22/21, 12:31 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number

: (954)208-0845

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

Email Address:__

Foreign Limited Liability Company Assurance Intelligence, LLC

Certificate of Status	U
Certified Copy	
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION (65.002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Assurance Intelligence,					
(Name of Foreign I	aunted Liability Company, must include Limited	Liability Company," "L.L.C.," a	ir "LLC ")		
				Indian tel 111 "	
l'name unavailable, enter alternate in	une adopted for the purpose of transacting business in El	onda. The alternate name must memor	: "Limited Listenity Computer, — L.L.	C, OI LLC	
Washington		81-1285645 3			
(linisdiction under the law of wh	nch toreign limited liability company is organized;		(} lif number, if applicable)		
Upon Filing					
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	reportation) ne penalty liability)			
920 5th Ave		920 5th Ave			
Street Address of Principal Office)	<u>.</u>	(Mailing Address)			
Suite 3600		Suite 3600			
Scattle, WA 98104		Seattle, WA 9810	4		
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	SECRETAR ALLAHASS	2021 NOV 23	
Name:	C T Corporation System		33388 0 A&A		
Office Address:	1200 South Pine Island Road		F STA	PH 2: 46	
	Plantation	, Florida	3324 등류	9	
	(Cny)		(Zip zode)		

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 daties, and I am familiar with and accept the obligations of my position as registered agent.

By: CT Corporation System Alfred Younan

(Registered agent's signature) Assistant Secretary

Page: 5 of 6

Title or Capacity:	Name and Address:	Title or Capacity	<u>/:</u>	Name and Address:
⊒Manager	Name: Assurance IQ, LLC	∏Manager	Name:	
■Member	Address: 920 5th Ave.	☐ Member	Address:	
□Authorized	Suite 3600	☐ Authorized		
Person	Seattle, WA 98104	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		□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 \$.817.155, F.S.

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Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

 \mathbf{OF}

ASSURANCE INTELLIGENCE, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/30/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: UBI Number: 11/15/2021 604 145 100



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

Kun Wyman, Secretary of State

tin Ugna

Date Issued: 11/15/2021