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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

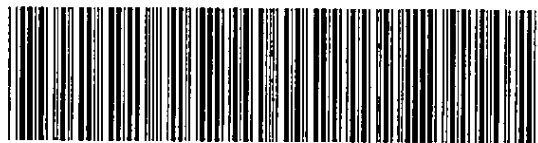
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Sec. of State
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEAVITT ELITE INSURANCE ADVISORS, 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:

Katelynn Bearnson

Name of Person

Leavitt Elite Insurance Advisors, LLC

Firm/Company

PO Box 130

Address

Cedar City, UT 84721

City/State and Zip Code

katie-bearnson@leavitt.com

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

For further information concerning this matter, please call:

Katie Bearnson

435

865-3825

Name of Contact Person

at (_____)

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**

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. LEAVITT ELITE INSURANCE ADVISORS, 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. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-4163805
(FEI number, if applicable)

4. 02/01/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 107 Kilson Dr.
(Street Address of Principal Office)

6. PO Box 130
(Mailing Address)

Ste 101

Mooresville, NC 28117

Cedar City, UT 84721

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Lynn M. Cannelongo Lynn M. Cannelongo, AVP
(Registered agent's signature)

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TALLAHASSEE, FL

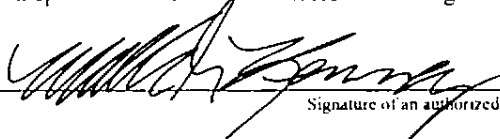
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Vance K. Smith</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael Holdenrid</u>
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 130</u>	<input checked="" type="checkbox"/> Member	Address: <u>107 Kilson Dr.</u>
<input type="checkbox"/> Authorized	<u>Cedar City, UT 84721</u>	<input type="checkbox"/> Authorized	<u>Mooreville, NC 28117</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>Mark G. Kenny</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Andrew Patton</u>
<input type="checkbox"/> Member	Address: <u>PO Box 130</u>	<input checked="" type="checkbox"/> Member	Address: <u>425 E 2nd St</u>
<input checked="" type="checkbox"/> Authorized	<u>Cedar City, UT 84721</u>	<input type="checkbox"/> Authorized	<u>West Jefferson, NC 28694</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Caylor J. Dalley</u>	<input checked="" type="checkbox"/> Manager	Name: <u>J. Micheal Griffin</u>
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 130</u>	<input checked="" type="checkbox"/> Member	Address: <u>107 Kilson Dr.</u>
<input type="checkbox"/> Authorized	<u>Cedar City, UT 84721</u>	<input type="checkbox"/> Authorized	<u>Mooreville, NC 28117</u>
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

Mark G. Kenney

Typed or printed name of signee



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LEAVITT ELITE INSURANCE ADVISORS, LLC

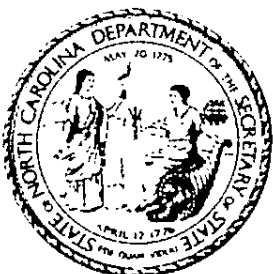
is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 11th day of October, 2016

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of November, 2021.

Elaine F. Marshall

Secretary of State



Scan to verify online.