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Foreign Limited Liability Company Streamline Insurance, LLC

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S. FRANKLIN

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Streamline 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.") Massachusetts (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605,0905, F.S. to determine penalty liability). 5 Bristol Drive Suite 1 6. S Bristol Drive Suite 1 South Easton MA 02375 South Easton MA 02375 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg , Florida 33702 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

(Registered agent's signature)

and accept the obligations of my position as registered agent.

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Shawn Hendricks, Jr Name: Cyrus-John Hendricks □Manager □Manager Address: _____ **Member X** Member Address: _____ 5 Bristol Drive Suite 1 5805 NW Breezy Brook Ct. □ Authorized □ Authorized Port Saint Lucie FL 34986 South Easton MA 02375 Person Person □Other □Other_____ □Other____ Other___ Name: David M Fasano Name: Shawn Hendricks, Sr. □Manager □Manager Address: ____ **⊠**Member Xi Member Address: 5 Bristol Drive Suite 1 5 Bristol Drive Suite 1 ☐ Authorized □ Authorized South Easton MA 02375 South Easton MA 02375 Person Person □Other___ □Other_____ □Other_____ □Other___ Name: Dennis Fasano Name: David D Fasano □Manager □Manager **⊠**Member Address: _____ X) Member Address: 5 Bristol Drive Suite 1 5 Bristol Drive Suite 1 □ Authorized □ Authorized South Easton MA 02375 South Easton MA 02375 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 s.817.155, F.S. Riley Park Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

August 25, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

STREAMLINE INSURANCE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on September 27, 2019.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C. § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: DENNIS F FASANO, SHAWN HENDRICKS, SR, DAVID D FASANO, SHAWN W HENDRICKS, JR, CYRUS-JOHN HENDRICKS, DAVID M FASANO

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: DENNIS F FASANO, SHAWN HENDRICKS, SR, DAVID D FASANO, SHAWN W HENDRICKS JR, CYRUS-JOHN HENDRICKS, DAVID M FASANO

The names of all persons authorized to act with respect to real property listed in the most recent filing are: NONE

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranino Gallein