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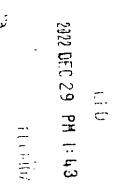
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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T. L XXX

COVER LETTER

TO:

Registration Section

UBJECT:	Name	e of Limited Liability Company
	I "Application by Foreign Limited Liability (Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.
lease return	all correspondence concerning this matter to	o the following:
		Darrell Belch
		Name of Person
	3H C	Corporate Services, LLC
		Firm/Company
		36 Long Alley
		Address
	Sar	ratoga Springs, NY 12866
	C	ity/State and Zip Code
		sosfilings@3hcs.com
		used for future annual report notification)
or further in	nformation concerning this matter, please cal	d:
Dar	теll Belch	518 583-0639 Ext 125
	Name of Contact Person	Area Code Daytime Telephone Number
	iling Address:	Street Address:
	gistration Section	Registration Section
	vision of Corporations	Division of Corporations
	D. Box 6327	The Centre of Tallahassee
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	losed is a check for the following amount: ase make check payable to: FLORIDA DEP	PARTMENT OF STATE
	\$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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:

	ANCE AGENCY, LLC Limited Liability Company: must include "Limited	Liabilit	y Compa	ny," "L.L.C.,	" or "LLC.")	-			_
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. T he	alternate	name must incl	ude "Limited Li	ability (ompany,"	"LLC."	or "LLC."
MASSACHUSETTS		3	04-33	92916					
(Jurisdiction under the law of which foreign limited liability company is organized)			•		(FEI numb	er, if ap	plicable)		
1									
••	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	registratio ne penalty	n) / líability)						
30 CORPORATE DRI	VE	6.	30 CO	RPORAT					
Street Address of Principal Office)			(N	dailing Address	s)				_
SUITE 100			SUITE	E 100		VE)		2972 D	
BURLINGTON, MA 0			BURL	INGTON.	MA 01803	-		:C 29	<u>-</u>
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	accepta	ble)				PM 1: 43	
Name:	3H AGENT SERVICES, INC.						÷.	င်း	
Office Address:	1415 PANTHER LANE. SUITE 327								
	NAPLES			. Florida _	34109				
	(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.

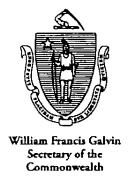
Donice Statem Elle Hall Presilet 3 H Agent Serves, Tre

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

Fitle or Capacity:	Name and Address:	Title or Capacit	<u>Name and Address</u>
□Manager	Name: The S2 HR Group, LLC	□Manager	Name:
■Member	Address: 3001 Executive Drive.	□Member	Address:
□Authorized	Suite 340. St Petersburg, FL 33762	□Authorized	
Person	-	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

- 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.

Denise Step	an
\mathcal{O}	
Denise Stefan	
	Turned or printed name of signee



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

December 16, 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

MINUTEMAN INSURANCE AGENCY, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December** 14, 2022.

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: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ALEX PISANI

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 Travino Gallein