

# M23000006251

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: licensing@seniormarketsales.com

**Foreign Limited Liability Company**  
**GERBER & ASSOCIATES INSURANCE AGENCY, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

**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. GERBER & ASSOCIATES INSURANCE AGENCY, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. If alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Ohio

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 34-1145679

(FEI number, if applicable)

4. Upon Qualification

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

5. (Street Address of Principal Office)

41 E Clinton St

Doylestown, OH 44230

6. (Mailing Address)

41 E Clinton St

Doylestown, OH 44230

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

FILED  
2023 MAY 12 PM 3:55  
CLERK OF CIRCUIT COURT  
DADE COUNTY, FLORIDA

**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.*

C T Corporation System

By:

(Registered agent's signature)

*Eric Carlson*

Eric Carlson, Assistant Secretary

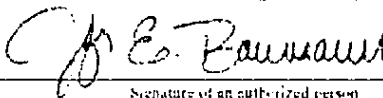
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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>Alliant GAIA, Inc.</u>            | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member      | Address: _____                             | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized  | <u>18100 Von Karman Avenue, 10th Floor</u> | <input type="checkbox"/> Authorized  | _____                                |
| Person                               | <u>Irvine, CA 92612</u>                    | Person                               | _____                                |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager | <br>Name: _____                            | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member      | Address: _____                             | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized  | _____                                      | <input type="checkbox"/> Authorized  | _____                                |
| Person                               | _____                                      | Person                               | _____                                |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager | <br>Name: _____                            | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member      | Address: _____                             | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized  | _____                                      | <input type="checkbox"/> Authorized  | _____                                |
| 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

Jennifer E. Baumann, Secretary of Alliant GAIA, Inc., Member

Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GERBER & ASSOC. INSURANCE AGENCY LLC, an Ohio Limited Liability Company, Registration Number 451278, was organized in the State of Ohio on March 26, 1974, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 12th day of May, A.D. 2023.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State