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(City/State/Zip/Phone #)

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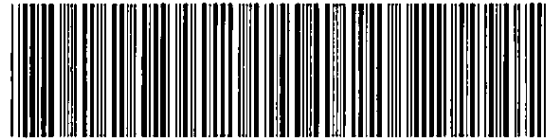
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STATE OF NEW YORK
DEPARTMENT OF STATE

2023 AUG 28 PM 1:12

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Forza Insurance Group 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:

John D'Angelo

Name of Person

The Forza Insurance Group LLC

Firm/Company

200 Decadon Drive Suite 230

Address

Egg Harbor Township, NJ 08234

City/State and Zip Code

bbaxter@forzainsurancegroup.com

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

For further information concerning this matter, please call:

Britney Baxter

609

293-3128

at (_____) _____

Name of Contact Person

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

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. The Forza Insurance Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Forza Group 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. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

46-3110693

3. (FEI number, if applicable)

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

5. 200 Decadon Drive
(Street Address of Principal Office)

6. 200 Decadon Drive
(Mailing Address)

Suite 230

Suite 230

Egg Harbor Township, NJ 08234

Egg Harbor Township, NJ 08234

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

Name: Registered Agents Inc

Office Address: 7901 4th St N, STE 300

St. Petersburg, Florida 33702
(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.

David Roberts

(Registered agent's signature)

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STATE
TALLAHASSEE FL

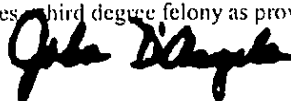
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>John D'Angelo</u> | <input type="checkbox"/> Manager | Name: <u>Michael D'Angelo</u> |
| <input type="checkbox"/> Member | Address: <u>200 Decadon Drive</u> | <input type="checkbox"/> Member | Address: <u>200 Decadon Drive</u> |
| <input type="checkbox"/> Authorized | <u>Suite 230</u> | <input type="checkbox"/> Authorized | <u>Suite 230</u> |
| Person | <u>Egg Harbor Township, NJ 08234</u> | Person | <u>Egg Harbor Township, NJ 08234</u> |
| <input checked="" type="checkbox"/> Other <u>Owner</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Owner</u> | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Jamie Ibrahim</u> | <input type="checkbox"/> Manager | Name: <u>Jacqueline Blake</u> |
| <input type="checkbox"/> Member | Address: <u>200 Decadon Drive</u> | <input type="checkbox"/> Member | Address: <u>200 Decadon Drive</u> |
| <input type="checkbox"/> Authorized | <u>Suite 230</u> | <input type="checkbox"/> Authorized | <u>Suite 230</u> |
| Person | <u>Egg Harbor Township, NJ 08234</u> | Person | <u>Egg Harbor Township, NJ 08234</u> |
| <input checked="" type="checkbox"/> Other <u>Owner</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Owner</u> | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | 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

John D'Angelo

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

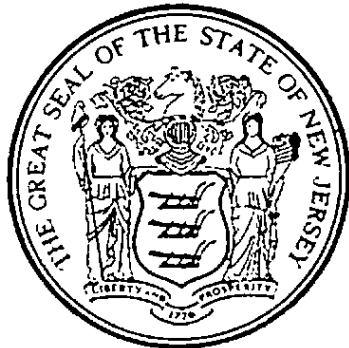
THE FORZA GROUP LLC
0400579920

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 10, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022-2023

I further certify that the registered agent and office are:

JOHN D'ANGELO
1616 PACIFIC AVENUE
SUITE 200
ATLANTIC CITY, NJ 08401



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
30th day of August, 2023*



Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6146151321

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSI/Verify_Cert.jsp