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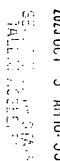
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COVER LETTER

TO:

ECT:	Mercury Insurance Services, LLC		
		ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F	
returi	all correspondence concerning this matter	to the following:	
	Jamie Hodges		
	Name of Person LL Roberts Group Acquisition, LLC Firm/Company		
	1475 S. Price Rd.		
	Address Chandler, AZ 85286		
_		City/State and Zip Code	
	businessregistration@vensure.com		
	E-mail address: (to b	e used for future annual report notification)	
nher i	nformation concerning this matter, please ca	ail:	
Jamie Hodges		480 993 2650	
_	Name of Contact Person	at () Area Code Daytime Telephone Number	
	iling Address:	Street Address:	
_	gistration Section	Registration Section	
Re		Division of Corporations	
Re Di	vision of Corporations	• • • • • • • • • • • • • • • • • • •	
Re Di	D. Box 6327	The Centre of Tallahassee	
Re Di		• • • • • • • • • • • • • • • • • • •	
Re Di P.(Ta	D. Box 6327 Ilahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Re Dir P.C Ta:	D. Box 6327 Ilahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Mercury Insurance Services, 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 "LL.C.") 42-1670946 Texas (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 603.0905, F.S. to determine penalty liability) 1475 S. Price Rd. 1475 S. Price Rd. (Mailing Address) (Street Address of Principal Office) Chandler, AZ 85286 Chandler, AZ 85286 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee , 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. Murther 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. Patte Michigan , Assistant Secretary

(Registered agent's signature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Kara Childress Name: __ □Manager □ Manager 1475 S. Price Rd. Address: 1475 S. Price Rd. **■**Member **≅**Member Chandler, AZ 85286 Chandler, AZ 85286 Authorized Authorized Person Person □Other____ □Other____ Other_ Other___ □ Manager Name: □Manager Name: Address: □Member Address: □Member ☐ Authorized □ Authorized Person Person □Other ☐ Other _____ □ Other_ Other____ Name: _____ Name: _____ □Manager □Manager □Member □ Member Address: _____ Address: ☐ Authorized □ Authorized 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, this degree felony as provided for in s.817.155, F.S. Signature of an authorized person JJ Hutzenbiler

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Mercury Insurance Services, LLC (file number 800506286), a Domestic Limited Liability Company (LLC), was filed in this office on June 15, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 31, 2023.



Jone Melson

Jane Nelson Secretary of State

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