11/6/23, 1:46 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003852713)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

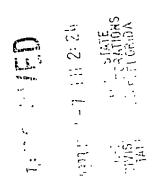
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:\_\_

## Foreign Limited Liability Company AVI Insurance Group, LLC



Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

11/7/2023 09:30:07 PST To: 18506176383

8506176383

Page: 2/4

From: Registered Agents Inc

Fax: 8134365206

# 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting husiness in Flo	orida. The a	ltemate name must include "Lümited Liabilii	y Company,"	'L.L.C." or	"LLC."1
Connecticut		3.				
(Junsdiction under the law of w	hich foreign limited hability company is organized)	2	(FEI number, if	applicable)		-
	(Date first transacted business in Florida, if prior to r	egistration.		_		
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605 0945, F.S. to determine	ne penalty i	ability)			
190 Winding Ridge		6	190 Winding Ridge (Mailing Address)			
	• •	٧	(Mailing Address)			_
et Address of Principal Office)						
	ut 06489	<u> </u>	Southington Connecticut 06489			_
•	ut 06489	<u> </u>	Gouthington Connecticut 06489			_
•	ut 06489	; - -	Southington Connecticut 06489			_
•	Lit 06489	- -	Southington Connecticut 06489			<b>-</b>
Southington Connectic	ss of Florida registered agent: (P.O. Box	-			20:	-
Southington Connectic		-			2023 H	- -
Southington Connectice  Name and <u>street addresses</u>		-			2023 HOY	_ _ 
Southington Connectice  Name and street address  Name:	ss of Florida registered agent: (P.O. Box	-		· .	2023 NOV -7	-
Southington Connection  Name and <u>street addresses</u> Name:	ss of Florida registered agent: (P.O. Box	-			-7	<b>-</b>
Southington Connectice  Name and <u>street addresses</u>	ss of Florida registered agent: (P.O. Box  Registered Agents Inc	-		•	-7 PM	
Southington Connection  Name and <u>street addresses</u> Name:	ss of Florida registered agent: (P.O. Box  Registered Agents Inc	-			-7	

(Registered agent's signature)

To: 18506176383

From: Registered Agents Inc.

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:
☑Manager	Name: Anand Patel	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	190 Winding Ridge	☐ Authorized	190 Winding Ridge
Person	Southington, CT 06489	Person	Southington, CT 06489
Other	Other	□Other	Other
□Manager	Nume:	□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

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.

	Rolling Jones	
	Signature of an authorized person	
Robin Jones		
	Typed or printed name of signee	

11/7/2023 09:30;07 PST .

Page: 4/4

From: Registered Agents Inc. Fax: 8134365206

## Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

To: 18506176383

Date Issued: Monday, October 09, 2023 12:36 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify that the below limited liability company organized under the laws of DE and transacting business in the state of Connecticut filed an application for certificate of registration to transact business in this office.

A certificate of withdrawal of registration has not been filed, and so far, as indicated by the records of this office, such limited liability company is authorized to transact business in Connecticut.

### **Business Details**

Business Name in State of Formation	AVI INSURANCE GROUP, LLC
Name used to transact Business in	AVI INSURANCE GROUP, LLC
Connecticut	
Business ALEI	US-CT.BER:2703740
Registration Date	01/10/2023

Secretary of the State

Business ALEI: US-CT.BER:2703740

Note: To verify this certificate, visit Business.ct.gov

Certificate Number: C-00109261