

12/5/23, 3:41 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

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

Email Address: mmm@trippscott.com

Foreign Limited Liability Company
ALLSTAR HEALTH INSURANCE AGENCY, LLC

Certificate of Status	0
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H23000415411

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. ALLSTAR HEALTH INSURANCE AGENCY, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
- (If same 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 93-4671874
(FBI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2900 GATEWAY DRIVE
(Street Address of Principal Office)
6. _____
(Mailing Address)
- SUITE 100
- POMPANO BEACH, FL 33069
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: TRIPP SCOTT, P.A.

Office Address: 110 SE 6TH STREET, 15TH FLOOR

FORT LAUDERDALE, Florida 33301
(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.

San J. Lis, Esq.
(Registered agent's signature)

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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 checked="" type="checkbox"/> Manager	Name: <u>BROWARD VENTURES, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2900 GATEWAY DRIVE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SUITE 100</u>	<input type="checkbox"/> Authorized	_____
Person	<u>POMPANO BEACH, FL 33069</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 _____
<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.

Ian J. Lis, Esq.

Signature of an authorized person

IAN J. LIS, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLSTAR HEALTH INSURANCE AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLSTAR HEALTH INSURANCE AGENCY, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



2652552 8300

SR# 20234122467

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204719157

Date: 12-04-23

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