

M23000015670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

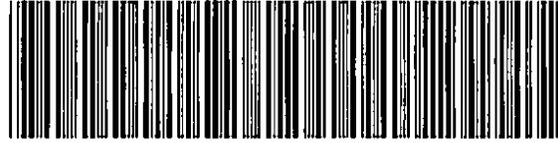
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

K. SALY
DEC 15 2023



600420343596

2023 DEC 14 PM 2:58
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

2023 DEC 14 AM 11:51
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED



115 N CALHOUN ST., STE. 4
 TALLAHASSEE, FL 32301
 P: 866.625.0838
 F: 866.625.0839
 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12/14/2023

Name: Juliana

Reference #: 2204954

Entity Name: SQ AGENTCO, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$125.00

Signature: *Juliana Prestia*

• CORPORATE HQ
 COGENCY GLOBAL INC.
 10 E 40TH ST, 10TH FL
 NY, NY 10016
 D: +1.212.947.7200
 P: 800.221.0102
 F: 800.944.6607

• EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN: ENGLAND & WALES
 REGISTRY #010272
 6 LLOYDS AVE, UNIT 4CI
 LONDON EC3N 3AX
 +44 (0)20.3961.3080

• ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED
 A HONG KONG LIMITED COMPANY
 UNIT B, 1/F, LIPPO LEIGHTON TOWER
 103 LEIGHTON RD, CAUSEWAY BAY
 HONG KONG
 P: +852.2682.9633
 F: +852.2682.9790

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SQ AGENTCO, 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:

Risa Olds
Name of Person

SQ AGENTCO, LLC
Firm/Company

6800 W. 115th Street, Suite 2511
Address

Overland Park, KS 66211
City/State and Zip Code

risa.olds@selectquote.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

SQ AGENTCO, LLC

1. (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 "LLC.")

DELAWARE

93-2852908

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

3. (FEI 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)

6800 W. 115th Street, Suite 2511

6800 W. 115th Street, Suite 2511

5. (Street Address of Principal Office)

6. (Mailing Address)

Overland Park, KS 66211

Overland Park, KS 66211

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301 (City) (Zip code)

RECEIVED BY MAIL TALLAHASSEE, FLORIDA 2008 DEC 14 PM 2: 58

FILED

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.

Jaime Torres

(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:

Manager Name: Tiburon Insurance Services, LLC

Member Address: 6800 W. 115th Street

Authorized Suite 2511

Person Overland Park, KS 66211

Other _____ | Other _____

Title or Capacity: Name and Address:

Manager Name: SelectQuote Insurance Services

Member Address: 6800 W. 115th Street

Authorized Suite 2511

Person Overland Park, KS 66211

Other _____ | Other _____

Manager Name: SelectQuote Auto & Home Insurance Services, LLC

Member Address: 6800 W. 115th Street

Authorized Suite 2511

Person Overland Park, KS 66211

Other _____ | Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ | Other _____

FILED
 2023 DEC 14 PM 2:58
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ | Other _____

Manager Name: _____

Member Address: _____

Authorized _____

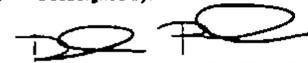
Person _____

Other _____ | 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.

DocuSigned by:

 Signature of an authorized person

Daniel A. Boulware

Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SQ AGENTCO, 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 SIXTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SQ AGENTCO, LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2023.

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

2023 DEC 14 PM 2:58
SECRETARY'S OFFICE
FALLAHASSEE, FLORIDA

FILED




Jeffrey W. Bullock, Secretary of State

7603294 8300

SR# 20234148331

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

Authentication: 204743709

Date: 12-06-23