## Florida Department of State Division of Corportions

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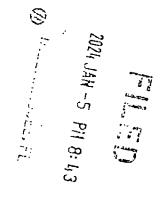
Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

martha.sherry@skadden.com Email Address:\_\_\_\_

## Foreign Limited Liability Company RV COMPLETE INSURANCE AGENCY LLC

Certificate of Status	0
Certified Copy	1
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	many recognition that that before the transmission to the transmis	indicate the ancin	ate name must melode "Limited Lisb.	dity Company," "E.E.C." o		
Delaware		2				
(Jurisdiction under the law of s	which foreign limited liability company is organized;	3	(FEI number, il'applicable)			
·	(Date first transacted business in Florida, if prior to					
	(See sections 605 0904 & 605 0905, F.S. to determ	nine penalty linbil	n)			
301 East Las Olas Blv			East Las Olas Blvd., Ste. 700 (Mailing Address)			
reet Address of Principal Office)		···				
Fort Lauderdale, FL 3.	Fort Lauderdale, FL 33301 Fort			t Lauderdale, FL 33301		
Name and street addre	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u> acce	ptable)	<i>OD</i>		
Name and street addre	ss of Florida registered agent: (P.O. Bo:  Chief Financial Officer	x <u>NOT</u> acce	ntable)	0D		
	_ , ,		_	OD 5		
Name:	Chief Financial Officer	E. Gaines S	 1.  32399			

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.

By:	Eric Carlson, Asst Secretary	Elollopea	
	(Registered agent's signature)		

8,	For initial indexing purposes	s, list names, title o	r capacity and a	ddresses of the	e primary r	nembers/managers o	or persons	authorized to
ma	nage [up to six (6) total]:							

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
□Manager	Name: RVR Services, LLC	□ Manager	Name:	
⊠Member	Address: 301 E. Las Olas Bivd., Ste. 700	□Member	Address:	
□Authorized	Fort Lauderdale, FL 33301	Z Authorized		
Person		Person	<u> </u>	
Other		Other		⊒·Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□ Member	Address:	
☐ Authorized		- <sub>Authorized</sub>		
Person		Person		
□Other	□Other	Other	·· <del>·</del>	□ 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 fitting 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.

"The president	
 Signature of an authorized person	
Tim M. Benter, Secretary	
 Typed or printed name of signed	<del></del>



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RV COMPLETE 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2023.

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

Authentication: 204882196

Date: 12-21-23