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Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
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. **

Email Address: compliance@inhabit.com

Foreign Limited Liability Company
Sandhills Insurance Group, I.I.C

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,626.25

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sandhills Insurance Group, LLC
(Name of foreign limited liability company; must include "Limited Liability Company," "LLC," or "LLC")
2. South Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEL number, if applicable)
4. June 6, 2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)
5. 2035 Lakeside Centre Way, Suite 250
(Street Address of Principal Office)
6. 2035 Lakeside Centre Way, Suite 250
(Mailing Address)
- Knoxville, Tennessee 37922
- Knoxville, Tennessee 37922
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System
Stephanie Horcz, Assistant Secretary
(Registered agent's signature)

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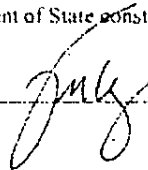
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Rental Guardian Holdings, LLC	<input type="checkbox"/> Manager	Name: Buhmeyer, Gary
<input checked="" type="checkbox"/> Member	Address: 2035 Lakeside Centre Way	<input type="checkbox"/> Member	Address: 2035 Lakeside Centre Way
<input type="checkbox"/> Authorized	Suite 250	<input type="checkbox"/> Authorized	Suite 250
Person	Knoxville, Tennessee 37922	Person	Knoxville, Tennessee 37922
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Hays, David	<input type="checkbox"/> Manager	Name: James, III Edward
<input type="checkbox"/> Member	Address: 2035 Lakeside Centre Way	<input type="checkbox"/> Member	Address: 2035 Lakeside Centre Way
<input type="checkbox"/> Authorized	Suite 250	<input checked="" type="checkbox"/> Authorized	Suite 250
Person	Knoxville, Tennessee 37922	Person	Knoxville, Tennessee 37922
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Stinnett, Lisa	<input type="checkbox"/> Manager	Name: Vingia, John
<input type="checkbox"/> Member	Address: 2035 Lakeside Centre Way	<input type="checkbox"/> Member	Address: 2035 Lakeside Centre Way
<input checked="" type="checkbox"/> Authorized	Suite 250	<input type="checkbox"/> Authorized	Suite 250
Person	Knoxville, Tennessee 37922	Person	Knoxville, Tennessee 37922
<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.



 Signature of an authorized person
 John Vingia

 Typed or printed name of signer

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SANDHILLS INSURANCE GROUP, LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 24th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 7th day
of May, 2024


Mark Hammond, Secretary of State