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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

: (307)200-2803

Phone

Fax Number : (813)436-5206

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Foreign Limited Liability Company PhoenixRise Insurance Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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5/29/2024 12:33:06 PDT

To: 18506176383

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PhoenixRise Insurance Group LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Iff name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name usust include "Limited Liability Company," "LL C," or "LEC,") Delaware 99-3021644 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability). 6. 7901 4th St N STE 300 7901 4th St N STE 300 (Street Address of Principal Office) St. Petersburg FL 33702 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg , Florida (City)

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.

David Schools		
	(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:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	
☑ Member	Address:	□Member	Address:	
□Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg FL 33702	Person		
Other	Other	Other		□Other
□Manager	Name: Palermo, Nino	□Manager	Name:	
☑Member	Address:	□Member	Address:	
∏Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg Fl. 33702	Person		
Other	Other	□ Other		Other
⊔Manager	Name: Kosłowski, Matt	∐Manager	Name:	
☑ Member	Address:	□Member	Address:	
□Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg FL 33702	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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 2. 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.

Return Tener
/ Signature of an authorized person
Robin Jones
Trend as seisted some of cines.

5/29/2024 12:33:06 PDT To: 18506176383 Page: 4/4 Fax: 8134365206



Page 1

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

DELAWARE, DO HEREBY CERTIFY "PHOENIXRISE INSURANCE GROUP 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-NINTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHOENIXRISE

INSURANCE GROUP LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D.

2024.

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

Authentication: 203577848

Date: 05-29-24