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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

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

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Foreign Limited Liability Company HOWARD INSURANCE LLC

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		COVER LETTER			
	gistration Section vision of Corporations				
HIB IECT.	Howard Insurance LLC				
SOBJECT:		e of Limited Liability Co	ompany		
The enclose Existence, a	d "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorizat referenced foreign limite	ion to Transact Business in Florida,* Certificate of ad liability company to transact business in Florida.		
Please return	n all correspondence concerning this matter (to the following:			
	Chris Ingvalson				
		Name of Person			
Greenspoon Marder LLP					
	Firm/Company				
1144 15th St., Ste. 2700					
		Address			
	Denver, CO 80202				
	C	ity/State and Zip Code			
	mhoward@howardinsurancecorp.com				
	E-mail address: (to be	e used for future annual r	eport notification)		
or further i	nformation concerning this matter, please ca	u:			
Ch	ris Ingvalson	720 at (370-1162		
	Name of Contact Person	Area Code	Daytime Telephone Number		
	illing Address:	Street Address:			
	gistration Section		Registration Section		
	vision of Corporations		Division of Corporations		
	D. Box 6327	The Centre of Tallahassee			
Ta	llahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL	. 32303		
	closed is a check for the following amount: ase make check payable to: FLORIDA DEI	PARTMENT OF STAT	ត		
		e & 🔲 \$155.00 Filin			
			Copy of Status & Certified Copy		

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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: Howard Insurance LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LUC.") (if same unavailable, order alternate same adopted for the purpose of transacting business in Florids. The alternate name resist include "Linsied Lisbility Company," "L.L.C." or "L.L.C." 99-3326890 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, P.S. to determine penalty liability) 7899 NE Spanish Trail Court 7899 NE Spanish Trail Court (Stroet Address of Principal Office) (Mailing Address) Boca Raton, FL 33487 Boca Raton, FL 33487 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael Howard Name: 7899 NE Spanish Trail Court Office Address: Boca Raton (Cky)

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.

Michael Howard		
	(Registered agent's signature)	

Acidnal Howard

Michael Howard

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	Name and Address:	Title or Capacity:	
≅ Manager	Name: Michael Howard	Manager	Name: Robert J. Byrnes Jr.
□Member	Address: 7899 NE Spanish Trail Court	□Member	Address: 2805 Peachtree Lane
□Authorized	Boca Raton, FL 33487	Authorized	Pantego, TX 76013
Person		Person	
□Oth er	Other	□Other	□Other
Manager Manager	Name: Robert J. Byrnes III	□Manager	Name:
□Member	Address: 2223 Cedardale Ave.	□Member	Address:
□Authorized	Baton Rouge, LA 70808	□ Authorized	
Person		Person	
□Other	□Other	Other	Other
□Manager	Name:	□Manager	Name:
]Member	Address:	□Member	Address:
Authorized	<u> </u>	□Authorized	
Person		Person	
	Other	□Other	Other

Signature of an authorized person

Typed or printed same of signor

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

DELANARE, DO HEREBY CERTIFY "HOWARD INSURANCE 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 JUNE, A.D. 2024.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "HOWARD INSURANCE LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2024.

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

3761247 8300
SR# 20242759229
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203620733

Date: 06-04-24