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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

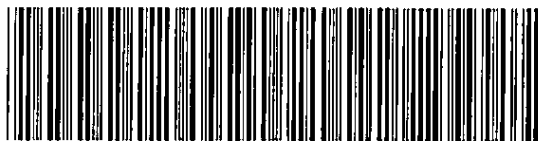
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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June 21st, 2024

By Fedex:

Florida Department of State
Registration Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Foreign LLC Application for Registration
Eirion Risk Underwriters, LLC

Dear Sir/Madam:

Please find the Foreign LLC Application for Registration as well as a check in the amount of \$100.00 for the above referenced entity.

Please return a filed copy of the renewal or any other correspondence via email to sosfilings@3hcs.com or using the self-addressed stamped envelope provided.

Please reach out to us by phone at 518-583-0639 x133 or by email at kevin.kennedy@3hcs.com with any questions.

Best Regards.

Kevin Kennedy
Corporate Compliance Manager

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eirion Risk Underwriters, 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:

Kevin Kennedy

Name of Person

3H Corporate Services

Firm/Company

36 Long Alley

Address

Saratoga Springs, NY 12866

City/State and Zip Code

kevin.kennedy@3hcs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Kennedy

518

583-0639 x133

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:*

1. Eirion Risk Underwriters, LLC
(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.")

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

3. 87-2703613
(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)

5. 600 Houze Way Suite E2
(Street Address of Principal Office)

6. 600 Houze Way Suite E2
(Mailing Address)

Roswell Roswell

GA 30076 GA 30076

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

Name: 3H Agent Services, Inc.

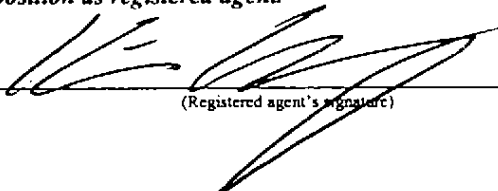
Office Address: 2114 NW 40th Terrace Suite D2

Gainesville, Florida 32605
(City) (Zip code)

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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.*


(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: BR Intermediate Holdings, LLC

☒ Member Address: 3101 N. Central Avenue

☐ Authorized Suite 400

Person Phoenix, AZ 85012

☐ Other ☐ Other

☐ Manager Name: Kellan Quinn

☐ Member Address: 600 Houze Way

☐ Authorized Suite E2

Person Roswell, GA 30076

☒ Other Co-President ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Casey Quinn

☐ Member Address: 600 Houze Way

☐ Authorized Suite E2

Person Roswell, GA 30076

☒ Other Co-President ☐ Other

☐ Manager Name: Andrew Behrends

☐ Member Address: 600 Houze Way

☐ Authorized Suite E2

Person Roswell, GA 30076

☒ Other CFO, Treasurer ☒ Other Secretary

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

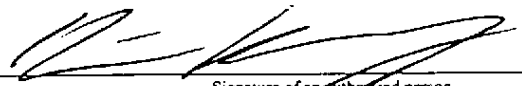
Person _____

☐ 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.



Signature of an authorized person

Kevin Kennedy - Attorney-in-fact of the member

Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Eirion Risk Underwriters, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27701518
Date Inc/Auth/Filed: 07/29/2021
Jurisdiction : Georgia
Print Date : 06/21/2024
Form Number : 211



Brad Raffensperger


Brad Raffensperger
Secretary of State

EIRION RISK UNDERWRITERS, LLC
REVOCABLE POWER OF ATTORNEY

Eirion Risk Underwriters, LLC (herein referred to as the "Company") gives Gary T. Harker, Esq., Darrell T. Belch, Esq., and Kevin Kennedy of 3H Corporate Services, LLC ("3H"), the power to sign on its behalf any and all annual reports and periodic updates including, but not limited to, address changes and Member and Manager changes that must be filed by the Company with the Secretary of State, Department of Insurance, and/or Department of Taxation (or analogous state offices thereof) of any jurisdiction in which the Company is authorized to do business, provided that Messrs. Harker, Belch, and Kennedy of 3H will only use information provided to them by the Company to make such filings.

Subject to the foregoing, each grant of powers contained herein is to be considered permanent and continuous unless and until revoked in writing by a Manager/Member or Manager/Member Resolution, as applicable.

Date: 5/9/24


Name: Andrew Behrends

Title: CFO