To:

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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.

Dmahan@spectruman.com Email Address:____

Foreign Limited Liability Company BLUE LIME INSURANCE GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

From: Kaity Toon

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

IN COMPILANCE WITH SECTION 005,0002, FLORIDA STATUTES. THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	n I imited Liability Company, must include 'Limited	Liability Company ""I L C " or "L L C		
	, ,	timenty dampany. Times. 6. biset		
The second selection of the second se				
	e name adopted for the purpose of transacting ousiness in Flo	rida. The alternate name must melude "Limited Li	ability Company," "I. I	. C, " or Ti
Х		47-1451968		
Jurisdiction under the law of	which foreign limited liability company is organized)	5. (FEI monb	es, if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605,0504 & 605,0905, F.S. to determin	egistration I e penalty liability)	 -	
7319 San Pedro, Sui		17319 San Pedro, Suite 318		
Address of Principal Office)		6. (Mailing Address)		
		(Mailing Addiess)		
an Antonio, Texas	78232	San Antonio, Texas 78232		
ame and street addre	ss of Florida registered agent; (P.O. Box.)	NOT accentable)	·	
ame and <u>street addre</u>	SS of Florida registered agent; (P.O. Box.)	NOT acceptable)	<i>5</i> '	2824.0
ame and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box.) C T Corporation System	NOT acceptable)	<i>;</i> :: :	2021 OCT
Name:	C T Corporation System	NOT acceptable)	<i>y</i> : :	2824 CCT 1 1
		NOT acceptable)		2021-00T-F
Name:	C T Corporation System			184 11 TOO 5882
Name:	C T Corporation System 1200 South Pine Island Road Plantation	NOT acceptable)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	2021 COT 11 PM 3: 09
	C T Corporation System	NOT acceptable)	:: :	

Page 4 of 5

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]:

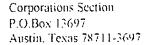
Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
■Manager	Name: David Wilkinson	□Manager	Name:	
□Member	Address: 17319 San Pedro, Suite 318	□Member		
☐ Authorized	San Antonio, Texas 78232	□ Authorized		
Person		Person		
Other	Other	□Other	 -	E10ther
□Manager	Name: Susan Finke	□Manager	Name:	
□Member	Address: 17319 San Pedro, Suite 318	□Member		
⊠ Authorized	San Antonio, Texas 78232	□Authorized		
Person		Person		
□Other	Other	TiOther		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized	-	□Authorized		
Person		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 \$.817.155, F.S.

- Dano B	Signature of an authorized person
David Wilkinson, President	
	Typed or printed name of signee

19548277645



Page 5 of 5



Jane Nelson Secretary of State

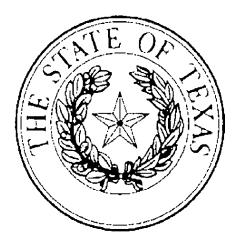
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document. Certificate of Formation for Blue Lime Insurance Group, LLC (file number 802037039), a Domestic Limited Liability Company (LLC), was filed in this office on July 31, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 07, 2024.



Jane Melson

Jane Nelson Secretary of State

Dial. 7-1-1 for Relay Services Document: 1410679410003

Phone. (512) 463-5555 Prepared by: SOS-WEB