M25000013623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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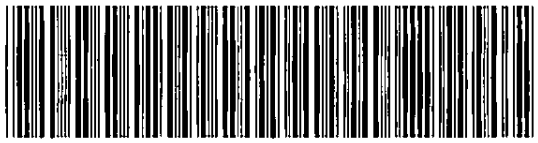

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

1. Oakbridge Insurance Agency 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. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. Oakbridge Insurance Agency LLC
(Street Address of Principal Office)
200 Broad St.
LaGrange, GA 30240

6. Oakbridge Insurance Agency LLC
(Mailing Address)
200 Broad St.
LaGrange, GA 30240

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

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee (City), Florida 32312 (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.

See Attached
(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:	Name and Address:
☐Manager	Name: Robbie Smith	☐Manager	Name: Matt James
☐Member	Address: 200 Broad St.	☐Member	Address: 200 Broad St.
☐Authorized	LaGrange, GA 30240	☐Authorized	LaGrange, GA 30240
Person		Person	
■Other CEO	☐Other	■Other CFO	☐Other
☐Manager	Name: John Ledyard	☐Manager	Name: Julie George
☐Member	Address: 200 Broad St.	☐Member	Address: 200 Broad St.
☐Authorized	LaGrange, GA 30240	☐Authorized	LaGrange, GA 30240
Person		Person	
■Other COO	☐Other	■Other CRO	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		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.

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.

Robert C. Smith

Signature of an authorized person

Robert C. Smith

Typed or printed name of signee

Statement of Acceptance of Appointment by

Designated Initial Registered Agent

If the Registered Agent listed on Article Four is an individual, complete **box one**.

If the Registered Agent listed on Article Four is a corporation or LLC, complete **box two**.

Please Note: the limited liability company filing these articles cannot be listed as their own registered agent.

Box One - Individual as Registered Agent

I, _____
(Registered Agent's Printed Name)
the undersigned individual, hereby accept the appointment as initial registered agent of

_____,
(Company's Name)
the Limited Liability Company which is named in the Articles of Organization.

_____
(Registered Agent's Signature)

Box Two - Corporation or LLC as Registered Agent

I, Louise Breytenbach Authorized Representative
(Authorized Person's Printed Name and Title)
the undersigned individual on behalf of InCorp Services, Inc.,
(Registered Agent Corporate/ Company Name)
hereby accept the appointment as initial registered agent of

Oakbridge Insurance Agency LLC,
(Company's Name)
the Limited Liability Company which is named in the Articles of Organization.

Louise Breytenbach on behalf of InCorp Services, Inc.
(Authorized Person's Signature)

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OAKBRIDGE INSURANCE AGENCY 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 EIGHTEENTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAKBRIDGE INSURANCE AGENCY LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2020.

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

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

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SR# 20253703319

Authentication: 204502005

Date: 08-18-25

You may verify this certificate online at corp.delaware.gov/authver.shtml