## Secretary of State

LLC-5

## Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only
-FILED-

B3260-9648

12/27/2024

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California

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File No.: 202565117227 Date Filed: 12/27/2024

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <a href="https://www.ftb.ca.gov/">https://www.ftb.ca.gov/</a>.

<u>nttps://www.πb.ca.gov/</u> .	This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Good Standin	ng.)			
Dellwood Insurance Agency, LLC					
1b. California Alternate Name, If Required (Only enter an alterna	ite name if the LLC name in	1a not available in C	alifornia.)	)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standing	<b>j.</b> )			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delav	ware				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the state, foreign	n country or plac	e enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 3b cannot be a F	P.O. Box or "in care of	of" an indi	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
16100 N. 71st Street, Suite 100	Scottsdale		ΑZ	85254	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
			CA		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	3a3b				
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Code	
47 Maple Street, Suite 401	Summit		NJ	07901	
4. Service of Process (Must provide either Individual OR Corporation.	.)				
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	1 13495-3017 7770	30 00000			Turner
a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name Last Name				Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)		Ctata	Zin Cou	
	City (no abbreviations)		State CA	Zip Cod	je
CORPORATION – Complete Item 4c only. Only include the name of the	registered agent Corneratio	n	CA		
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no					
Corporation Service Company Which Will Do Business In California	500	Incorporating S	ervice		
5. Read and Sign Below (Title not required.)	•				
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true and cor	rect and that I ar	n autho	rized to	sign
on behalf of the loreign LLO.	0				
	Scott Weber				
Signature	Type and Print N	Name	0000 0 "		
11.0 F (DE) (44/0000)			2023 Cali	ifornia Secre	etary of S

## <u>Delaware</u>

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## The First State

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

DELAWARE, DO HEREBY CERTIFY "DELLWOOD 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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELLWOOD INSURANCE AGENCY, LLC" WAS FORMED ON THE EIGHTH DAY OF OCTOBER, A.D. 2024.

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



Authentication: 205234047

Date: 12-27-24