







STATE OF IDAHO

Office of the secretary of state, Phil McGrane

FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0006099653

Date Filed: 2/14/2025 12:42:06 PM

Foreign Registration Statement (Limited Liability Company) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)	
The name this limited liability company will use in Idaho is:		
Type of Limited Liability Company	Foreign Limited Liability Company	
Entity name	DrivnCyber Insurance, LLC	
DrivnCyber Insurance, LLC		
2. Home Jurisdiction	II LINOIO	
The jurisdiction of formation is:	ILLINOIS	
3. The street address of its domestic principal office (if required by the laws of	•	
Street Address	SAGAR PANDYA 320 WEST OHIO STREET	
	3W	
	CHICAGO, IL 60654	
4. The mailing address of its domestic principal office (if required by the laws o	f the jurisdiction of formation) is:	
Mailing Address	SAGAR PANDYA	
	320 W OHIO ST STE 3W	
	CHICAGO, IL 60654-7887	
5. The complete street address of the principal office is:		
Principal Office Address	SAGAR PANDYA	
	320 WEST OHIO STREET	
	SUITE 3W CHICAGO, IL 60654	
6. The mailing address of the principal office is:	<u> </u>	
Mailing Address	SAGAR PANDYA	
3	320 W OHIO ST	
	STE 3W	
	CHICAGO, IL 60654-7887	
7. Registered Agent Name and Address	DECICTEDED ACENTO INC	
Registered Agent	REGISTERED AGENTS INC Commercial Registered Agent	
	Physical Address	
	784 S CLEARWATER LOOP STE R POST FALLS, ID 83854	
	Mailing Address	
	784 S CLEARWATER LOOP STE R	
	POST FALLS, ID 83854	

Title

8. Governors

Name

Address



Sagar Pandya	Manager	SAGAR PANDYA 320 W OHIO ST STE 3W CHICAGO, IL 60654-7887		
Signature of individual authorized l	by the entity to sign:			
Sagar Pandya			02/14/2025	
Sign Here			Date	
Job Title: Manager				

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1311402-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DRIVNCYBER INSURANCE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 12, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH

day of JANUARY A.D. 2025

Authentication #: 2502904148 verifiable until 01/29/2026 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE