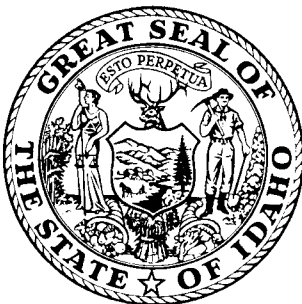# State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

E.R. INSURANCE ASSOCIATES, LLC

File Number W 168973

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 14, 2016

SECRETARY OF STATE

By

202

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: $100 typed, $120 not typed

Complete and submit the form in <u>duplicate</u>.

1. The name of the entity is: E.R. Insurance Associates, LLC

2. The name which it shall use in Idaho is: _____
   (Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:
   - ☐ Business Corporation
   - ☐ Nonprofit Corporation
   - ☐ Limited Liability Partnership
   - ☑ Limited Liability Company
   - ☐ General Partnership
   - ☐ General Cooperative Association
   - ☐ Limited Partnership (Including a limited liability limited partnership
   - ☐ Statutory Trust, Business Trust, or Common-law Business Trust

   ☐ Other: _____
   (Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)

4. Jurisdiction of formation: Florida
   (Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
   2101 NW 33rd Street, Suite 2500A; Pompano Beach, FL 33069
   (Street Address)

   _____
   (Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
   2101 NW 33rd Street, Suite 2500A; Pompano Beach, FL 33069
   (Street Address)

   _____
   (Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

   _____
   (Address)

8. The name of the registered agent and street address of registered agent <u>in Idaho:</u>
   Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
   (Name)   (Address)

9. The name, capacity, and mailing address of at least one governor:

Robbyn Cannatelli	Manager	2101 NW 33rd Street, Suite 2500A; Pompano Beach, FL 33069
(Name)	(Capacity)	(Address)
Edward D. Cannatelli	Mng Member	2101 NW 33rd Street, Suite 2500A; Pompano Beach, FL 33069
(Name)	(Capacity)	(Address)

Signature: *Robbyn Cannatelli*

Typed Name: Robbyn Cannatelli

Capacity: Manager

Rev. 11/2015

State of Florida
Department of State

I certify from the records of this office that E. R. INSURANCE ASSOCIATES, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 13, 2013, effective June 13, 2013.

The document number of this limited liability company is L13000085881.

I further certify that said limited liability company has paid all fees due this office through December 31, 2016, that its most recent annual report was filed on February 26, 2016, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of July, 2016

Ken Detzner

Secretary of State