

State of Idaho

Office of the Secretary of State

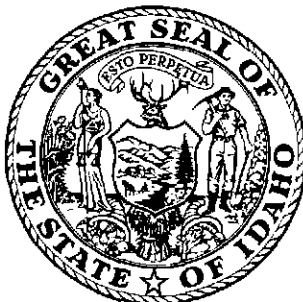
**CERTIFICATE OF REGISTRATION
OF
NMS INSURANCE AGENCY LLC**

File Number W 202214

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: May 21, 2018



Lawrence Denney
SECRETARY OF STATE

By *[Signature]*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2018 MAY 21 PM 1:57
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: NMS Insurance Agency 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:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> 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:
55 N.E. 5th Avenue, Suite 502, Boca Raton, FL 33432
(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:
55 N.E. 5th Avenue, Suite 502, Boca Raton, FL 33432
(Street Address)

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

(Address)
8. Name and street address of registered agent in Idaho:
Incorporating Services, Ltd. 921 S. Orchard Street Suite G Boise, ID 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Michael Camilleri</u>	<u>Manager</u>	<u>55 N.E. 5th Avenue, Suite 502, Boca Raton, FL 33432</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Michael Camilleri

Signature: _____

Capacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

05/21/2018 05:00

CK:PREPAID CT:221028 BH:1644751
1@ 100.00 = 100.00 FOR REG ST #2
1@ 20.00 = 20.00 EXPEDITE C #3

W202214

State of Florida

Department of State

I certify from the records of this office that NMS INSURANCE AGENCY LLC is a limited liability company organized under the laws of the State of Florida, filed on February 21, 2018.

The document number of this limited liability company is L18000046471.

I further certify that said limited liability company has paid all fees due this office through December 31, 2018 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 Twenty-first day of May, 2018*



Ken Detjen
Secretary of State

Tracking Number: CU3877698140

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>