

# State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY  
OF  
LIBERTATE INSURANCE, LLC**

File Number W-143411

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: October 21, 2014



*Ben Yursa*

SECRETARY OF STATE

By *[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 21 PM 2: 35

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Libertate Insurance, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is: Florida

4. The name and complete street address of the registered agent in Idaho is:

C T Corporation System 921 S Orchard Street, Suite G, Boise, Idaho 83705

5. The street and mailing address of the limited liability company's principal office is:

707 E. Washington Street, Orlando, FL 32801

*Street Address*

*Mailing Address, if different*

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

707 E. Washington Street, Orlando, FL 32801

*Street Address*

*Mailing Address, if different*

7. The name and mailing address of at least one member or manager: **SEE ATTACHMENT**

Paul R Hughes 707 E. Washington Street, Orlando, FL 32801

8. The mailing address for future correspondence:

707 E. Washington Street, Orlando, FL 32801

9. Signature of a manager, member or authorized person.

*Signature*

Paul R. Hughes

*Typed Name*

Secretary of State use only

IDAHO SECRETARY OF STATE

10/21/2014 05:00

CK: PREPAID CT: 278665 BH: 1446106

1@ 100.00 = 100.00 REGFORGLLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

W143411

**Attachment to Idaho  
Member/Manager Information**

1	Full Name:	Carl A Gerson
	Member/Manager:	Manager
	Business Address:	
	City:	707 E. Washington Street
	State:	Orlando, FL
	Zip Code:	32801

# *State of Florida*

## *Department of State*

I certify from the records of this office that LIBERTATE INSURANCE, LLC, is a limited liability company organized under the laws of the State of Florida, filed on September 11, 2014.

The document number of this company is L14000142529.

I further certify that said limited liability company has paid all fees due this office through December 31, 2014, and its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Seventeenth day of October,  
2014*



*Ken Reitzner*  
**Secretary of State**

Authentication ID: CU6709372578

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

<https://efile.sunbiz.org/certauthver.html>