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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OK
10-16-19

COVER LETTER

TO: Registration Section
Division of Corporations
Continental Warranty Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
John Volpe

	Name of Person
Continental Warranty Inc.	
	Firm/Company
99 Wiltshire Rd.	
	Address
Claymont, DE 19703	
	City/State and Zip code
john@continentalwarrantyld.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

John Volpe	800	265-9136 ext 110
Name of Person	at (_____)	Daytime Telephone Number

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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Continental Warranty Inc.

1. Continental Warranty Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Continental Vehicle Service Contracts

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) DE 51-0408365

2. May 2001 (State or country under the law of which it is incorporated) 3. perpetual (PEI number, if applicable)

4. May 2001 (Date of incorporation) 5. perpetual (Date of duration, if other than perpetual)

6. 99 Wiltshire Rd., Claymont, DE 19703 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 99 Wiltshire Rd., Claymont, DE 19703 (Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Legallnc Corporate Services Inc. 5237 Summerlin Commons Blvd

Office Address: Fort Myers, Florida 33907 (City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dana Case (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Volpe
99 Wiltshire Rd.
Address: Claymont, DE 19703

Vice Chairman: Anthony Volpe
99 Wiltshire Rd.
Address: Claymont, DE 19703

Director: David Kaufheil
99 Wiltshire rd.
Address: Claymont, DE 19703

Director: _____
Address: _____

B. OFFICERS

President: John Volpe
99 Wiltshire Rd.
Address: Claymont, DE 19703

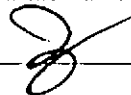
Vice President: Anthony Volpe
99 Wiltshire Rd.
Address: Claymont, DE 19703

Secretary: David Kaufheil
99 Wiltshire Rd. Claymont, DE 19703
Address: _____

Treasurer: _____
Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. John Volpe
(Typed or printed name and capacity of person signing application)

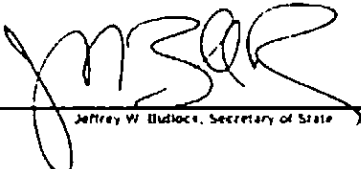
Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTINENTAL WARRANTY INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2019.




Jeffrey W. Bullock, Secretary of State

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SR# 20197211977

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203662979

Date: 09-25-19