

F20000001041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

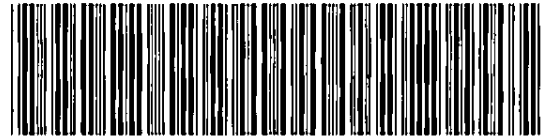
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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20 FEB 25 4:10:15

SBF
2/26/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 190596 8284025

AUTHORIZATION



COST LIMIT : \$70.00

ORDER DATE : February 24, 2020

ORDER TIME : 9:37 AM

ORDER NO. : 190596-005

CUSTOMER NO: 8284025

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FOREIGN FILINGS

NAME: HIPPO WARRANTY SOLUTIONS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIPPO WARRANTY SOLUTIONS INC.
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:

Nancy Self

Name of Person

Hippo Warranty Solutions Inc.

Firm/Company

101 W 6th Street

Address

Austin, TX 78701

City/State and Zip code

nself@myhippo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Self at (972) 814-7555
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

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Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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.

1. HIPPO WARRANTY SOLUTIONS INC.

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

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

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 84-4751163

(FEI number, if applicable)

4. FEB 11, 2020

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. N/a

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 150 FOREST AVENUE, PALO ALTO, CA 94301

(Principal office street address)

(Current mailing address, if different)

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

Name:

CORPORATION SERVICE COMPANY

Office Address:

1201 HAYS STREET

TALLAHASSEE

(City)

Florida 32301

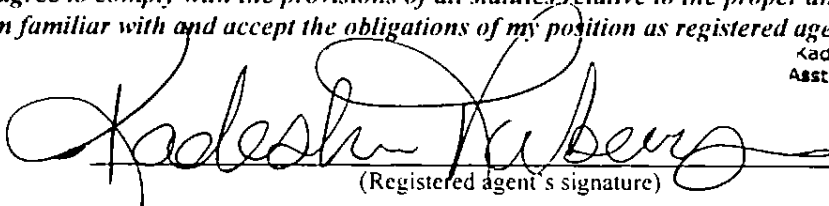
(Zip code)

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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.

Kadesha Roberson
Asst. Vice President



(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: ASSAF WAND

Vice Chairman Address: 150 FOREST LANE

Director PALO ALTO, CA 94301-1614

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other CEO

Chairman Name: STEWART ELLIS

Vice Chairman Address: 150 FOREST LANE

Director PALO ALTO, CA 94301-1614

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other CFO

Chairman Name: TRACY BOWDEN

Vice Chairman Address: 101 W 6TH STREET

Director AUSTIN, TX 78701

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: ANIRUDH BADIA

Vice Chairman Address: 101 W 6TH STREET

Director AUSTIN, TX 78701

President _____

Vice President _____

Secretary _____ Treasurer _____

Other Asst Treasurer Other _____

Chairman Name: NANCY SELF

Vice Chairman Address: 101 W 6TH STREET

Director AUSTIN, TX 78701

President _____

Vice President _____

Secretary _____ Treasurer _____

Other Asst. Secretary Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Nancy Self
UC4759EWD2FF488... _____
 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. NANCY SELF - ASSISTANT SECRETARY

 (Typed or printed name and capacity of person signing application)

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Delaware

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The First State

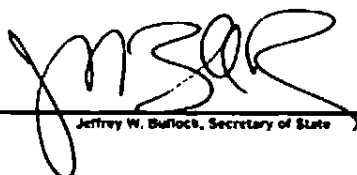
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIPPO WARRANTY SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIPPO WARRANTY SOLUTIONS INC." WAS INCORPORATED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock, Secretary of State

7847016 8300

SR# 20201431312

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

Authentication: 202447332

Date: 02-24-20