

5/1/2020

Division of Corporations

F2000002088

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
SEEK INSURANCE SERVICES, INC.**

Certificate of Status	0
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Page Count	04
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T. J. ...

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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.

SEEK INSURANCE SERVICES, INC.

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

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

2. Delaware _____ 3. N/A _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/26-2020 _____ 5. _____
(Date of incorporation) (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. 30 Montgomery Street, 15th Floor Jersey City, NJ 07302 _____
(Principal office address)

30 Montgomery Street, 15th Floor Jersey City, NJ 07302 _____
(Current mailing address, if different)

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

Name: CTF Corporation System _____

Office Address: 1200 South Pine Island Road _____

Plantation _____, Florida 33324 _____
(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.

Denise Bell, Asst. Secretary

By: Denise Bell
(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.

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

A. DIRECTORS

Chairman _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Andrew Toy

Address: 30 Montgomery Street, 15th Floor Jersey City, NJ 07302

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: Christopher Watson, General Manager/VP Operations

Address: 30 Montgomery Street, 15th Floor Jersey City, NJ 07302

Secretary: Hiram Bermudez, Chief Sales Officer

Address: 30 Montgomery Street, 15th Floor Jersey City, NJ 07302

Treasurer: _____

Address: _____

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

12. Chris Watson _____
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. Chris Watson, General Manager/VP Operations _____
(Typed or printed name and capacity of person signing application)

Delaware

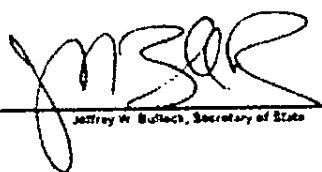
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEEK INSURANCE SERVICES, 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 FIRST DAY OF MAY, A.D. 2020.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20203365100

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

Authentication: 202864024

Date: 05-01-20