Division of Corporations 5/1/2020

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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 : (954)208-0845 Fax Number

**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
Certified Copy	0
Page Count	04
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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.

	NCE SERVICES, INC.			
(Enter name of co	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp ")	COMPANY," "CORPORATIO	N,"	
	ble in Florida, enter alternate corporate name ado		ng business in Flotida)	
Delaware	y under the law of which it is incorporated)	/Λ		
		(FEI number, if applicable) (Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
N/A 5.				
30 Montgomery	Street, 15th Floor Jersey City, NJ 07302	office address) address, if different)		
Office Address:			黄 三	
	Plantation	, Florida		
	(City)	(Zip code)	72	
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel familiar with and accept the obligations of a	nt as registered agent and a ative to the proper and comp ny position as registered age	gree to act in this capacity olete performance of my	
	Denise Bell, Asst. Secre	tary		
By				
	(Registered ag	ent'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 Chauman Address: ___ Vice Chairman: Andrew Toy Director: 30 Montgomery Street, 15th Floor Jersey City, NJ 07302 Address: ____ **B. OFFICERS** President. Christopher Watson, General Manager/VP Operations Vice President: _____ 30 Montgomery Street, 15th Floor Jersey City, NJ 07302 Hiram Bermudez, Chief Sales Officer Secretary: _ 30 Montgomery Street, 15th Floor Jersey City, NJ 07302 Treasurer: NOTF: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12 (linis 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. Chris Watson, General Manager/VP Operations 13.

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



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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.

e at corp.delaware.gov/authy

Authentication: 202864024

Date: 05-01-20