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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

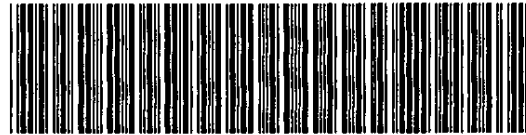
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TALLAHASSEE FLORIDA

MRS
6/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Freeway Insurance Services of New York, 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:

Emalie Cobb

Name of Person

Licensing Professionals

Firm/Company

1181 Puerta Del Sol, Suite 110

Address

San Clemente, CA 92673

City/State and Zip code

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

For further information concerning this matter, please call:

Emalie Cobb

Name of Person

at (949) 276-5454

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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 Cop ☐ \$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. Freeway Insurance Services of New York, 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. DE 3. 45-0817370
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/17/2011 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 358 Fifth Avenue, Suite 1003, New York, NY 10001
(Principal office address)

358 Fifth Avenue, Suite 1003, New York, NY 10001
(Current mailing address)

8. To act as an Insurance Producer
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Corporation Service Company

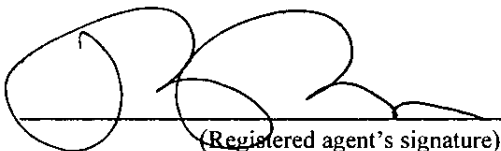
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. 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.


(Registered agent's signature)

Dona Priebe Assistant VP

11. 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.

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

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A. DIRECTORS

Chairman: See Attached

Address: _____

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TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. John Iacono / Senior VP / Secretary

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

Freeway Insurance Services of New York, Inc.
358 Fifth Avenue, Suite 1003
New York, NY 1001
FEIN: 45-0817370

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List of Officers, Directors and Stockholder (of 10% ownership or more)

John Addeo - Chairman
70 Valley Road
New Cannan, CT 06053

Matthew Grossberg – President & Chief Executive Officer
12 Continental Road
Scarsdale, NY 10583

Tod Yomtov – Chief Operating Officer
205 East 95th Street
New York, NY 10128

Martin Rothberg – Executive VP
350 Warwick Avenue
Teaneck, NJ 07666

John P. Iacono – Senior VP / Secretary
64 Blenheim Drive
Manhasset, NY 11030

James Schlomann – Executive VP
2 Muncee Court
Holmdel, NJ 07733

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James Ryan Clark – Director
1330 Chestnut Street
San Francisco, CA 94132

Robert Rutledge – Director
2243 Green Street
San Francisco, CA 94132

Confie Seguros Holding Co. - Owner
74-3238299

Confie Seguros Holding II Co. – Owner

Delaware

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FREEWAY INSURANCE SERVICES OF NEW YORK, 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-NINTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREEWAY INSURANCE SERVICES OF NEW YORK, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4955592 8300

110352396

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8656205

DATE: 03-29-11