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SECRETARY OF STATE

11/27



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Warranty Edge, Inc.	
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Andrew J. Schenker	
Name of	Person
Warranty Edge, Inc.	
Firm/Com	pany
500 Middle Country Road, Suite	100
Addre	ess
St. James, NY 11780	
City/State a	nd Zip code
aschenker@administrationco.com	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please of	all:
Andrew J. Schenker at 631	686-1435
Name of Person 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 &

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.

(Enter name of	/ Edge, Inc. corporation; must include "INCORPORATES Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate non	ne adopted for the purpose of transacting business in Florida)	-
2 North Ca	irolina	₃ <u>46-1221996</u>	
-	under the law of which it is incorporated)	(FEI number, il applicable)	-
T	**	_{5.} Perpetual	•••
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. N/A	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, If prior to registration) .1502, F.S., to determine penalty liability)	-
_{7.} 165 One	Genesis Way, Spruce Pir		
407777141	(Principal office ac	•	-
10/// VV6	estheimer, Suite 1100, Hou (Current mailing ac		*
	(Curen mannig a	duress)	
··	sales of service contracts		_
(Purpose(s	r) of corporation authorized in home state or	country to be carried out in state of Florida)	G 73
9. Name and street	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	9 3 -7
Name:	Corporation Service Comp	pany ====================================	22
Office Address:	1201 Hays Street	رن رن ۳	126 PH 2: 40
	Tallahassee	Florida 32301	
	(City)	, Florida 32301 (Zip code)	经
Having been nan designated in this further agree to c	application, I hereby accept the appoin	rvice of process for the above stated corporation at the atment as registered agent and agree to act in this cap s relative to the proper and complete performance of r s of my position as registered agent.	v place acity. I

11. Attached is a cortificate 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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Marla Pipia Address: 500 Middle Country Road, St. James, NY 11780 Address: _ Director: **B. OFFICERS** President: Marla Pipia Address: 500 Middle Country Road, St. James, NY 11780 Vice President: Andrew J. Schenker Address: 500 Middle Country Road, St. James, NY 11780 Secretary: Andrew J. Schenker Address: 500 Middle Country Road, St. James, NY 11780 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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.

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

14. Andrew J. Schenker, VP, CFO, Secretary



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

WARRANTY EDGE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of October, 2012, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SECRETARY OF STATE
TALLAHASSEE FLORIDS





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of November, 2012.

Elaine & Marshall

Secretary of State

Certification# 93315132-1 Reference# 11219095- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification