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S MASON

Supportive
Insurance
Services

LICENSING EXPERTS
Saving You Time & Money



DATE: February 3, 2016

TO: Secretary of State

FROM: Christy Krick
Licensing Representative

RE: Certificate of Authority Application

Enclosed you will find the necessary requirements to issue a Certificate of Authority. The certificate should be forwarded to:

Supportive Insurance Services, LLC
1610 South Old Decker Road
Vincennes, IN 47591

If you require any additional requirements, please contact me at (812) 494 2472 or via email at ckrick@supportiveis.com

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guard.me International Insurance Agency (US) 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:

Christy Krick/ Supportive Insurance Services

Name of Person

Supportive Insurance Services

Firm/Company

1610 South Old Decker Road

Address

Vincennes, IN 47591

City/State and Zip code

les@guard.me

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

For further information concerning this matter, please call:

Christy Krick/ Supportive Insurance Services

812

494-2472

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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 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.*

Guard.me International Insurance Agency (US) Inc.

1. _____
(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)
DE 47-4834490

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 06/23/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

8177 Glades Rd Suite 220 Boca Raton, FL 33434

7. _____
(Principal office address)

8177 Glades Rd Suite 220 Boca Raton, FL 33434

(Current mailing address, if different)

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

Name: Leslie Newman

8177 Glades Rd Suite 220

Office Address: _____

Boca Raton

33434

(City)

, Florida

(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 08 P 5:45

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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.



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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Leslie Newman

Director: _____

8177 Glades Road, Suite 220 Boca Raton, FL 33434

Address: _____

Director: _____

Address: _____

B. OFFICERS

Keith Segal

President: _____

8177 Glades Road, Suite 220 Boca Raton FL, 33434

Address: _____

Vice President: _____

Address: _____

Maryann Brown

Secretary: _____

8177 Glades Road, Suite 220 Boca Raton, FL 33434

Address: _____

Maryann Brown

Treasurer: _____

8177 Glades Road, Suite 220 Boca Raton, FL 33434

Address: _____

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

12. _____

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.

Leslie Newman/ Director

13. _____

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

FILED
2018 FEB 08 P 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "GUARD.ME INTERNATIONAL INSURANCE AGENCY (US) INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-THIRD DAY OF JUNE, A.D. 2015, AT 3:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5772228 8315

SR# 20160193294

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

Authentication: 201705959

Date: 01-21-16