F16000004430

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



100290661631

2016 OCT -4 AM 9: 09

SEPTICE OF PHILIPSE SEPTICE OF THE PHILIPSE SEPTICE OF

K. SALY OCT - 5 2016

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/4/16

NAME:

AGENCY BONDING CAPTIVES, INC

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| _ | istration Sedision of Cor | | | | | |
|--|---|--|--------------|-------------|---|--|
| SUBJECT | . AGENCY | - ' BONDING CAPT | TIVES, INC | | | |
| SOBSECT | · | Name | of corpora | tion - mu | ist include suffix | |
| Dear Sir or I | Madam: | | | | | |
| "Certificate | of Existence | | of Good | Standing | " and check are sub | ct Business in Florida," omitted to register the |
| Please return | all corresp | ondence concern | ing this ma | atter to th | ne following: | |
| AGENCY BO | ONDING CA | APTIVES, INC. | | | | |
| | | | Name | of Perso | on | |
| Bay State Co | rporate Servi | ces, Inc. | | | | |
| | ` . | | Firm/C | Company | | |
| 6 Beacon Stre | eet, Suite 51(|) | | | | |
| | _ | | A | ddress | | |
| Boston, MA | 02108 | | | | | |
| | | | City/Sta | te and Zi | p code | ·· <u> </u> |
| info@baystat | ecorp.com | | | | | • |
| | | E-mail address | : (to be us | ed for fu | ture annual report | notification) |
| For further is | nformation | concerning this n | natter, plea | se call: | | |
| Thomas Pasq | ualc | | at (| , 7 | 42-8484 | |
| Nan | ne of Person | | Area (| | Daytime Telep | hone Number |
| Regi Divi Clift 2661 Talli | stration Sec sion of Cor con Building Executive ahassee, FL | porations 3 Center Circle 32301 | | · | MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 |
| Enclosed is a | | the following amount of the fo | g Fee & | | 3.75 Filing Fee & rtified 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.

| (Enter name of c | corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION," | | | |
|------------------|---|--|--|--|--|
| (If name unavail | able in Florida, enter alternate corporate name add | opted for the purpose of transacting business in Florida) | | | |
| DELAWARE | 3. | 6-2153146 | | | |
| (State or count | (FEI number, if applicable) | | | | |
| 2/4/13 | 5. | · | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | | |
| Upon Filing | | | | | |
| | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 er Pike, 1st Ploor, Broomali, PA 19008 | orida, if prior to registration) , F.S., to determine penalty liability) | | | |
| · | (SEE SECTIONS 607.1501 & 607.1502 er Pike, 1st Ploor, Broomall, PA 19008 | office address) | | | |
| 2098 West Chest | (SEE SECTIONS 607.1501 & 607.1502 er Pike, 1st Ploor, Broomali, PA 19008 (Principal (Current mailing a | office address) | | | |
| 2098 West Chest | (SEE SECTIONS 607.1501 & 607.1502 er Pike, 1st Ploor, Broomall, PA 19008 (Principal | office address) | | | |
| 2098 West Chest | (SEE SECTIONS 607.1501 & 607.1502 er Pike, 1st Ploor, Broomall, PA 19008 (Principal (Current mailing a | office address) address, if different) Box NOT acceptable) | | | |
| . Name and stre | (SEE SECTIONS 607.1501 & 607.1502 er Pike, 1st Ploor, Broomali, PA 19008 (Principal (Current mailing a et address of Florida registered agent: (P.O. I NRAI Services, Inc. 1200 South Pine Island Road | office address) address, if different) Box NOT acceptable) | | | |

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.

elen J. Delle Col Assistant Secretary

(Registered agont'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. Nan | mes and business addresses of officers and/or directors: | FILL |
|-----------|--|------------|
| A. DIR | RECTORS 20/6 | OCT-4 AM |
| Chairmar | Chris Hogg | AA |
| | 1010 Sproul Road, Bryn Mawr, PA 19010 | 427,9600 s |
| Vice Cha | nairman: | |
| | | |
| Director: | Thomas Pappas | |
| Address: | 105 Rock Rose Lane, Radnor, PA 19087 | |
| Director: | Rennie Rodriguez | |
| Address: | 1010 Sproul Road, Bryn Mawr, PA 19010 | |
| | FICERS Rennie Rodriguez 1010 Sproul Road, Bryn Mawr, PA 19010 | |
| Address: | : 1010 Sprout Road, Brytt Mawr, 1 A 12010 | |
| Vice Pres | esident: | |
| Address: | S | |
| Secretary | Nicole Souadda | |
| Address: | 105 Fairfax Court, Wayne, PA 19087 | |
| Treasurer | er: | |
| Address: | · · | - |
| NOTE: | : If necessary you may attach an addendum to the application listing additional officers and/or director. Signature of Director or Officer | ors. |
| are true | ficer or director signing this document (and who is listed in number 11 above) affirms that the facts state and that he or she is aware that false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. | |
| 13. Nice | cole M. Souadda, Secretary | |
| | (Typed or printed name and capacity of person signing application) | |

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AGENCY BONDING CAPTIVES, 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 FOURTH DAY OF OCTOBER, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGENCY BONDING CAPTIVES, INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY,

A.D. 2013.

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

Authentication: 203101591

Date: 10-04-16