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(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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- Merada Persona Guarantee

- enrollment form

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Lawer Hatchers

## 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. Go INSURANCE PAL TOC (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. (State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. <u>i-30-16</u> 5. <u>perpetual</u> (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2154 BELLEREST CIRCLE AGAIN PARM BOACH FL.
(Principal office address) 334 -54mE -(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) KETHW. HATCHETT POYAL PALM BOACH , Florida 33411
(City) Name: Office Address: 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)

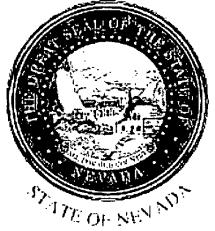
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: \_\_\_\_\_ Address: \_\_\_ KATH V. HAZCHETT **B. OFFICERS** President: Vice President: Address: \_ 2154 BELLEST CIRCLE ROYAL PARM BEACH PL 33411 Address: KOURL W. HATCHETT BELLAEST CIRCLE ROYAL PARM BEACH FR 334" NOTE: If necessary, you may attach an addendum to the antication listing additional officers and/or directors. 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

KEIN W. HATCHETT

a third degree felony as provided for in s.817.155, F.S.

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, GOINSURANCEPAL, INC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 30, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 2, 2016.

Ballons K. Cegewske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160802-3053
You may verify this electronic certificate
online at http://www.nvsos.gov/