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Office Use Only



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DIVISION OF DEGLES AREAS

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COVER LETTER

TO:	Registration Section				
	Division of Corporations				
C1 1 1 1 1	Assurance IQ, Inc.				
POR	ECT:Name	of corporati	on - mu	st include suffix	
	. (0-11)	or vorpora.			
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good St	tanding	and check are sub-	
	return all correspondence concerr y Krick	ning this mat	ter to th	e following:	
		Name	of Perso	n	
Suppo	rtive Insurance Services	•			
		Firm/Co	ompany		
16105	South Old Decker Road		•		
		Ad	dress		
Vince	nnes, IN 47591				
		City/State	e and Zi	p code	
ckrick	@supportiveis.com				
	E-mail addre	ss: (to be use	d for fu	ture annual report r	otification)
For fi	orther information concerning this	matter, pleas	se call:		
Christ Service	y Krick/ Supportive Insurance	812 at (4	94-2472	
	Name of Person	Area C	ode	Daytime Telep	hone Number
	STREET/COURIER ADDRE	cc .		MAILING A	DDRESS:
Registration Section			Registration Section		
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327		
Enclo	osed is a check for the following a	nount:			
s \$7	70.00 Filing Fee	ing Fee & e of Status		8.75 Filing Fee & ertified Copy	S87.50 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. Assurance 10, 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) 81 1285645 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) Perpetual (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) 225 108th Ave NE Ste 520 Bellevue, Wa 98004 (Principal office address) VISION OF SURFACE WHORS 225 108th Ave NE Ste 520 Bellevue, WA 98004 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Office Address: Tallahassee , Florida (City) 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. - PGG.3+OM+ SECTE. +OMY m's signature) POWA CORP

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.

(Registered agent's signature)

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

A. DIR	ECTORS		
Chairman	:		
Address:			
Vice Chai	irman:		
Address:			
	Michael Rowell		
Director:	11400 SE 8th Street, Suite 360		
Address:	Bellevue, WA 98004		
Director:	Michael Paulus	<u> </u>	
A ddunoa	11400 SE 8th Street, Suite 360	HOTEL J. J. J	77
Address;	Bellevue, WA 98004	馬人	
B. OFF	ICERS	11.7	TTT
President	Michael Rowell		ب
	11400 SE 8th Street, Suite 360 -Bellevue, WA 98004	- 	
Vice Pres	Michael Paulus		
	11400 SE 8th Street, Suite 360 Bellevue, WA 98004		
Secretary	;		
Address:			
Treasurer	, ,		
Address:			
	If necessary, you may attach an addendum to the application listing additional officers and/o	r directors.	
12	- 2000		
The officere true	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S.		
13	Michael Rowell President	<u> </u>	
	(Typed or printed name and canacity of person signing application)		



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ASSURANCE IQ, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 1/28/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: November 22, 2016

UBI: 603-579-799

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

