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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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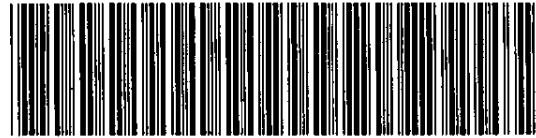
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 FEB 27 PM 1:36
CLERK OF COURT
TALLAHASSEE, FLORIDA

K. SALY

MAR - 2 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RISKMATCH 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:

PATRICK BYRNE CPA

Name of Person

RISKMATCH INC

Firm/Company

4 GREENWICH OFFICE PARK, 1ST FLOOR

Address

GREENWICH, CT 06831

City/State and Zip code

PBYRNE@RISKMATCH.COM

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

For further information concerning this matter, please call:

PATRICK BYRNE

914

595-2066

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.*

1. RISKMATCH INC
(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. DELAWARE 3. 81-3437597
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/29/2016 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4 GREENWICH OFFICE PARK, 1ST FLOOR, GREENWICH, CT 06831
(Principal office address)

(Current mailing address, if different)

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

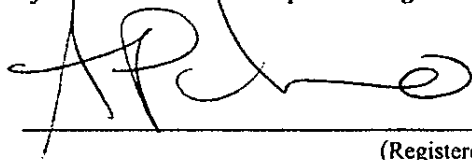
Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie, Florida 33314
(City) (Zip code)

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)

Anthony Palazzo, Secretary, Vcorp Services

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: KABIR SYED

Address: 4 GREENWICH OFFICE PARK
GREENWICH, CT 06831

Vice Chairman: _____

Address: _____

Director: RICK ZULLO

Address: 4 GREENWICH OFFICE PARK
GREENWICH, CT 06831

Director: GILES COPPEL

Address: 4 GREENWICH OFFICE PARK
GREENWICH, CT 06831

B. OFFICERS

President: KABIR SYED

Address: 4 GREENWICH OFFICE PARK
GREENWICH, CT 06831

Vice President: _____

Address: _____

Secretary: KABIR SYED

Address: 4 GREENWICH OFFICE PARK GREENWICH, CT 06831

Treasurer: KABIR SYED

Address: 4 GREENWICH OFFICE PARK GREENWICH, CT 06831

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.

13. KABIR SYED, CEO

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

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RISKMATCH, 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 TENTH DAY OF FEBRUARY, A.D. 2017.

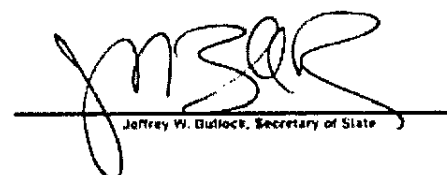
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20170817504

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202020931

Date: 02-10-17