

5/5/2017

Division of Corporations

FI700002062

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((H17000124605 3)))



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To: Division of Corporations
Fax Number : (858)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
17 MAY -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2017 MAY -5 PM 5:05
TALLAHASSEE FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Kin Insurance, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
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FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2017-05-05 14:30:54 CST
RE	Kin Insurance, Inc. 10477326

COVER MESSAGE

Eric Brown
 Associate Fulfillment Specialist
 CT Corporation

Please note my email address is Eric.Brown1@wolterskluwer.com
 Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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 17 MAY -5 AM 8:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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. Kin Insurance, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ine.," "Co.," or "Corp.")

Kin Technologies, Inc.
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 81-3300698
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 19, 2017 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. April 4, 2017
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

7. 350 N. Orleans St. Ste 9000N Chicago, Illinois 60654
 (Principal office address)

 (Current mailing address, if different)

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

Name: National Registered Agents, Inc. (NRAI)

Office Address: 1200 S. Pine Island Road

Plantation, Florida 33324
 (City) (Zip code)

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17 MAY -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

By:  Olly Hinkel, VP
 (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: _____

Director: Sean Harper

Address: 350 N. Orleans St. Ste 9000N Chicago, Illinois 60654

Director: Lucas Ward

Address: 350 N. Orleans St. Ste 9000N Chicago, Illinois 60654

B. OFFICERS

President: Sean Harper

Address: 350 N. Orleans St. Ste 9000N Chicago, Illinois 60654

Vice President: _____

Address: _____

Secretary: Lucas Ward

Address: 350 N. Orleans St. Ste 9000N Chicago, Illinois 60654

Treasurer: Lucas Ward

Address: 350 N. Orleans St. Ste 9000N Chicago, Illinois 60654

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. Sean Harper, President & CEO

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

FILED
MAY -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIN INSURANCE, 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 FIFTH DAY OF MAY, A.D. 2017.

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.

FILED
17 MAY -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6083666 8300

SR# 20173157393

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

Authentication: 202494193

Date: 05-05-17