(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Co					
SHR	JECT:	•	cial Services	Corporation d/b/a Gemini Rein	surance Services	
5000	ECT	Name of	corporation	- must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existen	tion by Foreign Corp ce," or "Certificate o gn corporation to trai	f Good Star	Authorization to Transact B ding" and check are submitt ss in Florida.	usiness in Florida," ed to register the	
	e return all corres er Gravelle, CFO	pondence concerning	g this matter	to the following:		
			Name of	Person		
Gemir	ni Financial Service	es Corporation d/b/a G	emini Reinsu	rance Services		
4200 1	Northcorp Parkway	, Suite 400	Firm/Com	pany		
Palm l	Beach Gardens, Flo	orida 33410	Addre	ess		
jgrave	lle@oigfl.com		City/State a	nd Zip code		
		E-mail address:	to be used i	or future annual report notif	ication)	
For fu	rther information	concerning this mat	ter, please o	all:		
Jennifer Gravelle		561	223-2648			
,	Name of Perso		Area Cod	e Daytime Telephone	Number	
	STREET/COL Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle		MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 3	, -	TILED TILED
Enclos	sed is a check for	the following amou	nt:			
5 7	0.00 Filing Fee	□ \$78.75 Filing I Certificate of		\$78.75 Filing Fee & Gertified 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	al Services Corporation			
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"		
Gemini Reinsur	rance Services Corp.			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)		
New Jersey 2.	3	20-8959760		
(State or country	ry under the law of which it is incorporated)	(FEI number, if applicable)		
April 16, 2007 4	5	Perpetual 5.		
•	e of incorporation)	(Date of duration, if other than perpetual)		
	h the Secretary of State			
	(Date first transacted business	in Florida, if prior to registration)		
	Parkway, Suite 400, Palm Beach Gardens, Flo	1302, 1.3., to determine penalty habinty)		
7				
4200 Northcorn	Princ Parkway, Suite 400, Palm Beach Gardens, Flo	cipal office address)		
4200 Notaleorp	·			
	(Current mail	ling address, if different)		
Name and stre	et address of Florida registered agent: (P.	O Box NOT accentable)		
o. I turne and <u>stre</u>	Jennifer Gravelle, CFO	to. Box Moracecptable)		
Name:				
Office Address:	4200 Northcorp Parkway, Suite 400			
	Palm Beach Gardens	33410 Florida		
	(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.

Jennify Grevelle CFO
(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. DIR	ECTORS (See attached Addendum listing all Directors)	
Chairmar	1:	
Address:		
Vice Cha	irman:	
D:		
Address:		
Director:		
Address:		·····
	Jeffrey Bernard Scott 4200 Northcorp Parkway, Suite 400, Palm Beach Gardens, Florida 33410	
Vice Pres	N/A ident:	
Secretary	Jeffrey Bernard Scott	PE OF
Address:	4200 Northcorp Parkway, Suite 400, Palm Beach Gardens, Florida 33410	
Treasurer	Jennifer Lee Gravelle	
Address:	4200 Northcorp Parkway, Suite 400, Palm Beach Gardens, Florida 33410	3.
The office are true a third do	If necessary, you may attach an addendum to the application listing additional officers and/officers and/officers of Director of Officer cer of 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.	facts stated herein
13. Jenn	(Typed or printed name and capacity of person signing application)	
	(Typed of printed name and capacity of person signing application)	

ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

GEMINIFINANCIAL SERVICES CORPORATION

11. A.	Directors of the Corpo	oration (busines	s addresses are i	included on t	the Application)
	is in out on the comp	CICCIOII (CCIDIIICE	D CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC		

Morton Borzykowski		
Richard Hannah Davis, Jr.		
Alec Isabelle Jean Machiels		
Jeffrey Bernard Scott		
Daniel Benjamin Stencel		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

GEMINI FINANCIAL SERVICES CORPORATION 0100978562

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on April 16, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Corporation Service Company Princeton South Corporate Ctr Ste 160, 100 Charles Ewing Blvd Ewing, NJ 08628



Certificate Number 139399136

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of February, 2017

Ford M Scudder State Treasurer