

F18000001376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

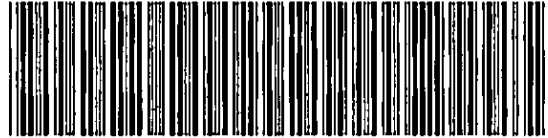
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name 18-21962

Office Use Only



900309280989

03/05/18--01037--003 **70.00

FILED
18 MAR 21 PM 12:27
SECRETARY OF STATE
141 LINDSEY, FLORIDA

O SIMMONS

MAR 22 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2018

ADAM EDGELL
360 3RD ST, STE 600
SAN FRANCISCO, CA 94107-2164

SUBJECT: PROTECTION PLAN GROUP, INC.
Ref. Number: W18000021962

We have received your document for PROTECTION PLAN GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P17000058792.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 118A00004601

RECEIVED
2018 MAR 21 AM 10:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



March 19, 2018

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTN: Dionne M Scott
Regulatory Specialist II

Dear Ms. Scott,

I am writing on behalf of ST Product Care Corp. We recently processed a voluntary dissolution of our Florida Profit Corporation so that we could register as a Foreign Profit Corporation instead. Unfortunately, our filing for that status was rejected because the name was being held in case we wanted to reinstate the recently dissolved entity under that same name.

This letter is to confirm that we do not intend to reinstate ST Product Care Corp (Document Number P17000009851) as a Florida Profit Corporation. Instead, we wish to release the name so that we may register ST Product Care Corp (Document Number W18000021596) as a Foreign Profit Corporation in the state of Florida.

Enclosed is our rejection letter and a copy of our application for Foreign Profit Corporation status. If any further information or documentation is needed, please contact me directly at 415-561-1000 x1094, or by email at aedgell@squaretrade.com.

Sincerely,

A handwritten signature in black ink that reads "Adam Edgell". The signature is written in a cursive, flowing style.

Adam Edgell
Compliance Analyst

COVER LETTER

TO: Registration Section
Division of Corporations
Protection Plan Group, Inc.

SUBJECT: _____
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:
Adam Edgell

Name of Person
SquareTrade, Inc.

Firm/Company
360 3rd Street, Suite 600

Address
San Francisco, CA 94107-2164

City/State and Zip code
compliance@squaretrade.com

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

For further information concerning this matter, please call:

Adam Edgell 415 541-1000 x1094

Name of Person at (_____) 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. Protection Plan Group, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. Delaware 3. 82-1617277
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/16/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 360 3rd Street, Suite 600, San Francisco, CA 94107-2164
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(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.

Corporation Service Company

By: Jane He McIntire
(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.

FILED
MAR 21 PM 12:27
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Ahmed Khaishgi
360 3rd Street, Suite 600
Address: San Francisco, CA 94107-2164

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ahmed Khaishgi
360 3rd Street, Suite 600
Address: San Francisco, CA 94107-2164

Vice President: _____

Address: _____

Secretary: Brad Snyder
360 3rd Street, Suite 600, San Francisco, CA 94107-2164

Address: _____

Treasurer: Mark Etnyre
360 3rd Street, Suite 600, San Francisco, CA 94107-2164

Address: _____

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.

Brad Snyder

13. _____

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROTECTION PLAN GROUP, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROTECTION PLAN GROUP, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6384523 8300

SR# 20181298904

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202204815

Date: 02-23-18