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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE : 148653 - 8017819

AUTHORIZATION : Conclude the

COST LIMIT : \$ 78.75

ORDER DATE: April 5, 2018

ORDER TIME : 3:01 PM

ORDER NO. : 148653-005

CUSTOMER NO: 8017819

FOREIGN FILINGS

NAME: STRATEGIC HUB INTERNATIONAL LIABILITY DEFENDER INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	SCT. Strategic Hub International Excess Liability Defender Inc.	
50 D 0	Name of Corporation – must include suffix	-
Dear 9	r or Madam:	
Affair	losed "Application by Foreign Not for Profit Corporation for Authorization to Conduct it in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted the above referenced not for profit corporation to conduct its affairs in Florida.	
Please	return all correspondence concerning this matter to the following:	
	William DeVito	
	Name of Person	
	Hub International Northeast Limited	
	Firm/Company	
	100 Sunnyside Blvd.	
	Address	
	Woodbury, NY 11797	
	City/State and Zip Code	
	william.devito@hubinternational.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ner information concerning this matter, please call:	
Willia	DeVito 516 677-4736	
	Name of Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:
Enclose	1 is a check for the following amount:	
□ \$ 70	00 Filing Fee \$\Bigcup\$ \$87.50 Filing Fee \$\Bigcup\$ \$87.50 Filing Fee \$\Bigcup\$ Certificate of Status Certified Copy Certified Co	f Status é

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617. 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Rhode Island (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (PEI number, if applicable) September 11, 1997 (Date of Incorporation) (Date of duration, if other than perpetual) N/A (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) 200 Crossing Blvd. Suite 110, Warwick, RI 02886 (Principal office address) (Current mailing address, if different) Risk Purchasing Group issuing excess liability insurance policies on a group basis (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 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) 10. Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated corporation at the place segmented in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my utiles, and I am familiar with and accept the obligations of my position as registered agent. Roxanne Turne	(If name unavailable in Florida, enter alternate corpor	rate name adopted for the purpose of transacting b	pusiness in Florida)
September 11, 1997 (Date of Incorporation) (Date of duration, if other than perpetual) N/A (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) 200 Crossing Blvd. Suite 110, Warwick, RI 02886 (Principal office address) (Current mailing address, if different) Risk Purchasing Group issuing excess liability insurance policies on a group basis (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	Rhode Island	3 05-0497583	
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Roxanne Turne	Name and street address of Florida registered ago Name:Corporation Service_Compa ffice Address:1201 Hays Street	ent: (P.O. Box NOT acceptable) any Florida 32301 (Zip Code) cept service of process for the above stated compointment as registered agent and agree	corporation at the place to act in this capacity.
Noxanne Turne	Name and street address of Florida registered ago Name:Corporation Service_Compa ffice Address:1201 Hays Street	ent: (P.O. Box NOT acceptable) any Florida 32301 (Zip Code) cept service of process for the above stated conspointment as registered agent and agree statutes relative to the proper and complete	corporation at the place to act in this capacity.
Asst. Vice Preside	Name and street address of Florida registered ago Name:Corporation Service_Compa ffice Address:1201 Hays Street	ent: (P.O. Box NOT acceptable) any Florida 32301 (Zip Code) cept service of process for the above stated conspointment as registered agent and agree statutes relative to the proper and complete	corporation at the place to act in this capacity, performance of my

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS Scott Bell Chairman:_ 5 Bryant Park, New York, NY 10018 Address:____ Frederica O'Connor Vice Chairman: 200 Crossing Blvd., Suite 110, Warwick, RI 02886 Kenneth Schreiber Director: 5 Bryant Park, New York, NY 10018 쫎 Address: **B. OFFICERS** Kenneth Schreiber President:_ 5 Bryant Park, New York, NY 10018 Vice President: Address: Frederica O'Connor 200 Crossing Blvd, Suite 110, Warwick, RI 02886

Address:
Tom Tran
Treasurer:

5 Bryant Park, New York, NY 10018

NOTE: If necessary ou may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Kenneth Schreiber, President

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



State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

Strategic Hub International Excess Liability Defender Inc.

is a Rhode Island Non-Profit Corporation organized on September 11, 1997. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's financial condition or business practices; such information is not available from this office.

SINTE ON SIN

SIGNED and SEALED on

Tullin U. Holen

March 22, 2018

Secretary of State

Certificate Number: 18030062680

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli