

F18 000 00 2054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

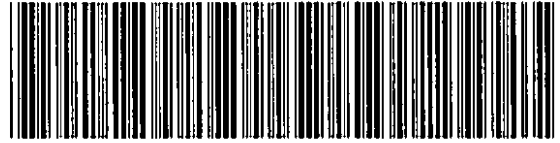
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/01/18--01033--023 **78.75

2018 MAY -1 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



WESTMONT
ASSOCIATES, INC.

April 23, 2018

via UPS Delivery

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Secretary of State

Re: Blend Insurance Agency, Inc.
Foreign Application for Certificate Authority

To Whom It May Concern:

Please consider the included Foreign Application for Certificate of Authority in regard to Blend Insurance Agency, Inc. for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Blend.

Also enclosed are the certificate of good standing and a check in the amount of 78.75.00 for the filing fee.

Thank you for your time and attention. Please contact me directly at 856-216-0220, ext. 213 or at katie@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Katie Lenguadoro
Katie Lenguadoro

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blend Insurance Agency, 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:

Katie Lenguadoro

Name of Person
Westmont Associates, Inc.
Firm/Company
1763 Marlton Pike East, Suite 200
Address
Cherry Hill, NJ 08003
City/State and Zip code
seth@blend.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Lenguadoro	856	216-0220
_____	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. Blend Insurance Agency, 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. 82-4049233
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/12/2017 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. 415 Kearny St, San Francisco, CA 94108
(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.

By: Corporation Service Company

Holly Jones
Assistant Vice President

Holly Jones
(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.

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STATE DEPT OF TREASURY
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Crystal Sumner

Address: 415 Kearny St.

San Francisco, CA 94108

Director: _____

Address: _____

B. OFFICERS

President: Crystal Sumner

Address: 415 Kearny St.

San Francisco, CA 94108

Vice President: Michael Yu

Address: 415 Kearny St.

San Francisco, CA 94108

Secretary: Seth Greenstein

Address: 415 Kearny St., San Francisco, CA 94108

Treasurer: _____

Address: _____

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

12. _____

Crystal Sumner

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. Crystal Sumner President

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

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2008 MAY -1 PM 1:22
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLEND INSURANCE AGENCY, 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 ELEVENTH DAY OF APRIL, A.D. 2018.



6577844 8300

SR# 20182623564

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202497404

Date: 04-11-18