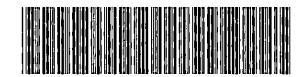
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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#### **COVER LETTER**

TO: Registration Division of	n Section Corporations			
SUBJECT:	Hedgehen Tr	SAPANCE A.	lency Lt	·c]
Dear Sir or Madam;				
The enclosed "Appl "Certificate of Exist above referenced for	ication by Foreign Corporatio ence," or "Certificate of Good eign corporation to transact b	n for Authorization to Tra I Standing" and check are usiness in Florida.	nsact Business in Fi submitted to registe	lorida," or the
Please return all con	respondence concerning this n	natter to the following:		
- P	amela Coll.	n (		
	Nam	e of Person		<del></del>
- te	daching Time	There Dayie	1 2+2	
	_ ^	Company		<del></del>
	226 Januar de Louis	· Place, Un	1 117 =	~
7	Verenting Col	ddress 7.007.		رال ق
	City Sta	te and Zip code	工门 工厂	<u> </u>
Pcollins		. C 0/0 ed for future annual repor	23.58 23.58 23.58	2 [
	113 - 113 -	ed for future annual repor	f notification)	f. C
	n concerning this matter, plea	se call:	RIDA	: 42
Name of Pers	1. ms are 730	L1-645-5	050	
value of Fers	on Area C	ode Daytime Fele	phone Number	•
STREET/CO	URIER ADDRESS:	Walling		
Registration So Division of Co	ection	MAILING A Registration 5	Section	
Chilon Buildir	ıg	Division of C P.O. Box 632	orporations	
2661 Executive Tallahassee, Fl	Center Circle	Tailahassee, I		
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	3 \$87.50 Filing Certificate of Certified Cop	Status &

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

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
•
1. Hedge hog Trouver Agency For Inc.  (Enter name of corporation; must include "INCORPORATED." HOMPANY," "CORPORATION."  "Inc.," "Co.," "Corp." Thic.," "Co.," or "Corp."
(If name unavailable in Florids, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2 Cery (C. State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5-24-2017 5. (Date of incorporation) (Date of duration, if other than perpetual)
(Date of duration, if other than perpetual)
1 Date first transacted business in Flunda, if prior to registration) (SEE SECTIONS 607 1501 & 607 1502 F.C.
7. 220 Ponce de Lech Place, Unit 117 Decentur, 6A (Principal office address) 3003
(Principal office address) 3003
(Current mailing address, it different)
(Current mailing address, it different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Office Address: 155 Office Plaza Drive, 1st Floor  Tollohasses Eb
- 10/19 Nassace . Florida Th
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 us registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the appearance.
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.
-5-0 AA
(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 Hermyda Vice Chairman Director: **B. OFFICERS** Vice President: \_\_\_\_\_ Address Address: Freasurer -Address: 03 above NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 44 above) affirms that the facts stated berein 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. (Typed or printed name and capacity of person signing application)

Control Number: 17057795

#### STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## Hedgehog Insurance Agency Ltd a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Dacket Number : 16007682
Date Inc/Auth/Filed: 05/24/2017
Jurisdiction : Georgia
Print Date : 07/09/2018

Form Number : 211



Brian P. Kemp Secretary of State