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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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Email Address:____

FOREIGN PROFIT/NONPROFIT CORPORATION

optOn Insurance Agency Inc.

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EXAMINER

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Help

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.

	inter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
(Enter name of co "the ," "Co.," "Co	orporation; must include "TNCORPORATE orp," "Inc," "Co," or "Corp ")	D," "COMPANY," "CORPURATION,				
·						
						
(H'name unavada	ible in Florida, enter alternate corporate na	me adopted for the purpose of transacting b	usmess in Fio	ridaj		
Delaware		3. (PBI number, if applicable)				
	y under the law of which it is incorporated)					
September 4, 20	18	5.				
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)			
				. 		
	(Date first transacted busine	ss in Florida, if prior to registration)				
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	•	7,1502, F.S., to determine penalty liability)		n.3		
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	ne, 3rd Floor, Schaumburg, IL 60173 (Pri	7,1502, F.S., to determine penalty liability) neipal office address) aiting address, if different)	47 43	SEF 2		
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	ne, 3rd Floor, Schaumburg, IL 60173 (Pri	7,1502, F.S., to determine penalty liability) neipal office address) aiting address, if different)	a ^a u	SEP 28 AH		
Name and <u>stres</u> Name:	(Pri (Current m	7,1502, F.S., to determine penalty liability) neipal office address) aiting address, if different)	4 ⁴	SEF 28 AH 9:		
Name and stres	(Pri (Current met address of Florida registered agent: C T Corporation System 1200 South Pine Island Road	7,1502, F.S., to determine penalty liability) neipal office address) ailing address, if different) (P.O. Box. NOT acceptable)	4 ⁴	SEF 28 AH 9:		
Name and stree	(Pri (Current met address of Florida registered agent: C T Corporation System 1200 South Pine Island Road	7,1502, F.S., to determine penalty liability) neipal office address) aiting address, if different)	4 ⁴	SEF 28 AH 9:		

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.

C T Corporation System

James M. Halpin
Assistant Secretary

(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.

To. Page 4 of 6

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: See Attached			
Address.			
Vice Chairman:		 	
Address:			
Director:			
Address:			
Director:			
Address:			
Address*			
N. OFFICEING	<u> </u>		
B. OFFICERS See Attached			
President: See Attached		<u> </u>	
Address:		•===	
	٠,	-HS	,
Vice President		28-	
Address:	©		• •
		<u> </u>	
Secretary.		<u>က</u>	
Address:			
Treasurer:		_	
Address.	- 		
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or direc	tors.	
12. Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms the are true and that he or she is aware that false information submitted in a document to the Depa a third degree felony as provided for in s.817.155. F.S.	hat the facts s	tated he te const	rein itutes
Scott D. Wallney President & CEO			

Directors and Officers of:

optOn Insurance Agency Inc.

Directors:

Scott David Wollney

Paul Anthony Romano

Joseph Raymond Shugrue

Officers:

President & CEO Scott David Wollney

CFO, Vice President, Treasurer Paul Anthony Romano

Secretary, Vice President Joseph Raymond Shugrue

Business Address for each of the above:

953 American Lane, 3rd Floor Schaumburg, IL 60173

Main Phone Number:

847-700-9180





Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPTON 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 SEVENTH DAY OF SEPTEMBER, A.D. 2018.

7043890 8300
SR# 20186477787
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203381407

Date: 09-07-18