

F18000005087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

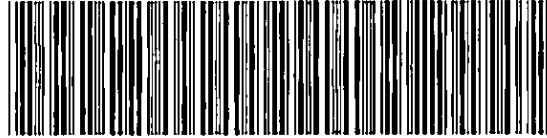
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 NOV -6 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FL

18 NOV -6 AM 10:46

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

Nov - 7  
S. PRATHER



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **November 06, 2018**

Account#: I200000000088

Name: **KEN HOWELL**

Reference #: **1006772**

Entity Name: **CONTINENTAL SURETY & INSURANCE SERVICES, INC.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL**

**KEN:**

**518-213-0738**

Authorized Amount: **\$70.00**

Signature: 

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONTINENTAL SURETY & INSURANCE SERVICES, 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:

Vikki Saeteurn  
Name of Person  
COGENCY GLOBAL INC.  
Firm/Company  
1325 J. Street, Suite 1550  
Address  
Sacramento, CA 95814  
City/State and Zip code  
sop@cogencyglobal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vikki Saeteurn at ( 866 ) 625-0837  
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. CONTINENTAL SURETY & INSURANCE SERVICES, 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. DE 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/16/2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_ upon filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9848 Business Park Drive, Suite H, Sacramento CA 95827  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

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.*



(Registered agent's signature)

Vikki Saetern, Assistant Secretary of COGENCY GLOBAL INC.

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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2018 NOV - 6 AM 8:55  
TALLAHASSEE, FL  
DEPARTMENT OF STATE

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_ Spencer Siino

Address: \_\_\_\_\_ 9848 Business Park Drive, Suite H, Sacramento CA 95827  
\_\_\_\_\_

Director: \_\_\_\_\_ John Popp

Address: \_\_\_\_\_ 9848 Business Park Drive, Suite H, Sacramento CA 95827  
\_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_ Joseph Pappalardo

Address: \_\_\_\_\_ 9848 Business Park Drive, Suite H, Sacramento CA 95827  
\_\_\_\_\_

Vice President: \_\_\_\_\_ Sheralyn Gibson

Address: \_\_\_\_\_ 9848 Business Park Drive, Suite H, Sacramento CA 95827  
\_\_\_\_\_

Secretary: \_\_\_\_\_ John Popp

Address: \_\_\_\_\_ 9848 Business Park Drive, Suite H, Sacramento CA 95827  
\_\_\_\_\_

Treasurer: \_\_\_\_\_ Jonathan Strawn

Address: \_\_\_\_\_ 9848 Business Park Drive, Suite H, Sacramento CA 95827  
\_\_\_\_\_

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.

13. \_\_\_\_\_ Sheralyn Gibson - Vice President

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

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2018 NOV - 5 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTINENTAL SURETY & INSURANCE SERVICES, 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-SIXTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTINENTAL SURETY & INSURANCE SERVICES, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JULY, A.D. 2014.

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



5569366 8300

SR# 20187351036

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 203692964

Date: 10-26-18