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FILED
2018 NOV -8 AM 10: 23
SECRETARY OF PROBLEM

N CULLIGAN

COVER LETTER

TO: Registration Section Division of Corporations		
InsPro Technologies, LLC		
SUBJECT: Name of corporation - mu	st include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	" and check are submitted to register the	
Please return all correspondence concerning this matter to the	ne following:	
Francis L. Gillan III, Vice President Controller		
Name of Perso	n	
InsPro Technologies, LLC		
Firm/Company	,	
1510 Chester Pike, Suite 400		
Address		
Eddystone, PA 19022		
City/State and Z	ip code	
fgillan@inspro.com		
E-mail address: (to be used for fu	iture annual report notification)	
For further information concerning this matter, please call:		
Transis E. Cimar III, The Tresident	654-2203	
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:		
_ +	#8.75 Filing Fee & Sertified Copy Certified Copy 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.

	orporation; must include "INCORPORATED." orp," "Inc," "Co." or "Corp.")	"COMPANY." "CORPORATION	J."
Atiam Technolo	gies		
(If name unavails	able in Florida, enter alternate corporate name ad-	opted for the purpose of transactin	g business in Florida)
Delaware		6-1750881	
(State or countr 10/01/2007		(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
10/01/2018	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
	e. Suite 400. Eddystone. PA 19022 (Principal	office address)	
	(Current mailing	address, if different)	2018 NOV
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	S≥ 1
Name:	Кіпа Соорет	<u> </u>	1-1-2
Office Address:	245 Lago Cir		AM 10: 23
	West Melbourne	32904	23
	(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)

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 Sole Manager - Anthony R. Verdi Chairman: 1510 Chester Pike, Suite 400 Address: Eddystone, PA 19022 Vice Chairman: _____ Address: Address: __ B. OFFICERS Anthony R. Verdi, President, CEO, CFO, Treasurer and Assistant Secretary President: 1510 Chester Pike, Suite 400 Address: Eddystone, PA 19022 Francis L. Gillan III, Vice President Controller Vice President: 1510 Chester Pike, Suite 400 Address: Eddystone, PA 19022 Anthony R. Verdi, President, CEO, CFO, Treasurer and Assistant Secretary Secretary: 1510 Chester Pike, Suite 400, Eddystone PA 19022 Address: Anthony R. Verdi, President, CEO, CFO, Treasurer and Assistant Secretary Treasurer: 1510 Chester Pike, Suite 400, Eddystone PA 19022 Address: _ 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 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. Francis L. Gillan III, Vice President Controller

(Typed or printed name and capacity of person significant



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

DELAWARE, DO HEREBY CERTIFY "INSPRO TECHNOLOGIES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203701397

Date: 10-29-18