

FIB00000S8SO

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

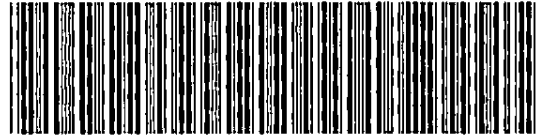
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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09/25/18--01018--001 **70.00

FILED

2018 DEC 18 PM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
DEC 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2018

NICK MASTRONARDI
8001 TERRACE AVE SUITE 201
MIDDLETON, WI 53562

SUBJECT: POLICY CONFLUENCE INC. DBA POLCO
Ref. Number: W18000086825

Done
- Certificate of good standing existence

8701

We have received your document for POLICY CONFLUENCE INC. DBA POLCO and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

2018 DEC 08
STATE OF FLORIDA
TALLAHASSEE
FILED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 918A00024932

13 NOV 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Policy Confluence 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:

Nick Mastronardi

Name of Person

Policy Confluence Inc.

Firm/Company

8001 Terrace Ave, Suite 201

Address

Middleton, WI 53562

City/State and Zip code

nick@polco.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Kane

Name of Person

at (608) 228-2488

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. Policy Confluence Inc. +
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

POLCO +
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware + 3. 47 - 4110471 +
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12 May 2015 + 5. 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. 8001 Terrace Ave, Suite 201 Middleton, WI 53562 +
(Principal office address)

(Current mailing address, if different)

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

Name: Registered Agents Inc. +

Office Address: 3030 N. Rocky Point Dr., STE 150A +

Tampa + Florida 33607 +
(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.

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2019 DEC 18 PM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Nick Mastronardi

Address: 4806 Champions Run

Middleton, Wisconsin 53562

Vice Chairman: Alex Pedersen

Address: 8001 Terrace Avenue, Suite 201

Middleton, WI 53562

Director: Mike Thiel

Address: 2070 Oakley Ave

Menlo Park, CA 94025

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Robert Kane

Address: 8001 Terrace Ave, Suite 201 Middleton WI 53562

Treasurer: _____

Address: _____

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. Robert Kane, Secretary

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

FILED
2010 DEC 18 PM 10:43
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

FGN
180 181 183

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

POLICY CONFLUENCE, INC.

is a foreign corporation or foreign limited liability company authorized or registered to transact business in Wisconsin and that its date of qualification or registration is July 7, 2016.

I further certify that said organization has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 181.1622 or 183.0120, Wis. Stats.; that it has not applied for a certificate of withdrawal under ss. 180.1520, 181.1520 or 183.1011, Wis. Stats.; and that it is not the subject of a proceeding under ss. 180.1531, 181.1531 or 183.1021, Wis. Stats., to revoke its certificate of authority or registration.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and affixed the official seal of the
Department on December 13, 2016.

Mary Ann McCoshen

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY: *Joseph E. King*