F19000001172

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2019

ALAIN HOULE, ATTORNEY
A. HOULE & CIE INC.
606 DU CHARPENTIER
BROMONT, QUEBEC, CANADA, J2L-3L6 CA

SUBJECT: SPORTINSURANCE INC.

Ref. Number: W19000017481

We have received your document for SPORTINSURANCE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Letter Number: 219A00003766

Karen A Saly Regulatory Specialist II

www.sunbiz.org

Division of Compositions D.O. DOV 6997 Well-bearing Divide 99914

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: SPORTINSURANCE INC.		
	Name of corporation	- must include suffix	
Dear S	ir or Madam:		
"Certit	nclosed "Application by Foreign Corporation for ficate of Existence," or "Certificate of Good Star referenced foreign corporation to transact busine	nding" and check are sub-	et Business in Florida," mitted to register the
Please	return all correspondence concerning this matter	r to the following:	
Alain F	Houle, attorney		
	Name of	Person	
A. Hou	de & Cie Inc.		
	Firm/Com	ipany	
606. du	Charpentier		
	Addre	ess	
Bromor	nt, Québec, Canada, J21, 3L6		
	City/State a	nd Zip code	
Alainb.i	houle@gmail.com		
	E-mail address: (to be used t	or future annual report no	otification)
For fur	ther information concerning this matter, please o	all:	
Alain H	Ioule at (514) 476-6557	
	Name of Person Area Code	e Daytime Teleph	one Number
Enclose	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ed is a check for the following amount:	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
□ \$70.	.00 Filing Fee \$\ \begin{align*}	\$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 SPORTINSUR	ANCE INC.			
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Corp.," "Corp.," "Inc.," "Corp.,"				
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)	
2. NEVADA				
2. NEVADA 3. (State or country under the law of which it is incorporated) (FE		(FEI number, if appli	cable)	
4. <u>07/12/2017</u>	5.			
4. 07/12/2017 5. (Date of incorporation) 5. (Date of duration, if other than perpendicular of the control of th		in perpetual)		
6				
	(Date first transacted business in			
	(SEE SECTIONS 607.1501 & 607.150	12, v.S., to determine penalty hability)		
7. <u>123. West Nye L</u>	ane, Carson City, Nevada, 89706	1 (7 3)		
	(17fincipa	d office address)	75: 19	
1 Place du comir	nerce, suite 507, Verdun, Ouébec, Canada, H3E		SECRET	
	(Current mailing	gaddress, if different)	물의 교	
O Managara 1	and the second of the second of the second of	b Nom	の第一	
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)		
Name:	InCorp Services, Inc.		PH 9: 53	
Office Address:	17888 67th Court North		REAL STATE	
	Loxahatchee	33470 , Florida		
	(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.

Kim Barajas on behalf of InCorp Services, Inc.
(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:	TILED		
A. DIRECTORS	19 HAR / / Pu		
Chairman:	19 HAR II PH 9 53		
Address:	SECRETARY OF STATE		
Vice Chairman:			
Address:			
	, .		
Director: Mark Di Perno			
Address: 3248, NE 28th Avenue			
Lighthouse Point, FL, 33064			
Director: Nick Di Perno			
Address: 123, West Nye Lane			
Carson City, NV, 89706	·		
B. OFFICERS			
President: Mark Di Perno			
Address: 3248. NE 28th Avenue			
Lighthouse Point, FL, 33064			
Vice President:			
Address:			
Secretary: Nick Di Perno			
Address: 123, West Nye Lane, Carson City, NV, 89706			
Treasurer: Nick Di Perno			
Address: 123, West Nye Lane, Carson City, NV, 89706			
NOTE: If necessary, you may attach an addendum to the application listing addit	ional officers and/or directors.		
12. X			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	ve) affirms that the facts stated herein to the Department of State constitutes		
13 Minds Di Borno assentano			

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

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SPORTINSURANCE INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 10, 2017, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 11, 2019.

Barbara K. Cegavske
Secretary of State

Electronic Certificate

Certificate Number: C20190111-0798