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6/6/2019

Division of Corporations

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALZOOM.COM INC.
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Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION

Protected Catastrophe Management, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Protected Catastrophe Management, 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," 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:

Cheyenne Moseley
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

101 N. Brand Blvd 11th Floor
(Address)

Glendale, CA 91203
(City/State and Zip code)

For further information concerning this matter, please call:

Cheyenne Moseley at (800) 773-0888ext9724
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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.

Protected Catastrophe Management, Inc.

1. _____
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Texas 3. 83-1915773
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/12/2018 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)
6. 1/14/2019
 (Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5400 Memorial Dr. Ste. 701, Houston, TX 77007
 (Principal office address)
- _____
 (Current mailing address, if different)

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

Name: James Lindsay Owens

Office Address: 4601 Clara St.
 Pensacola, Florida 32526
 (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.

X  _____
 (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.

ord# 58176202

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Braulio Gomez-Garcia

Address: 5400 Memorial Dr. Ste. 701

Houston, TX 77007

Director: Scott Moore

Address: 5400 Memorial Dr. Ste. 701

Houston, TX 77007

B. OFFICERS

President: Scott Moore

Address: 5400 Memorial Dr. Ste. 701

Houston, TX 77007

Vice President: _____

Address: _____

Secretary: _____

Address: _____

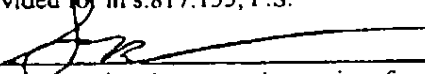
Treasurer: Braulio Gomez-Garcia

Address: 5400 Memorial Dr. Ste. 701, Houston, TX 77007

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. Scott Moore, President  _____

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

FILED
2019 JUN -6 AM 11:50
CLERK OF COURT
JULIA A. HARRIS
CLERK OF COURT

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Protected Catastrophe Management, Inc. (file number 803115217), a Domestic For-Profit Corporation, was filed in this office on September 12, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 29, 2019.



A handwritten signature in black ink, appearing to be "JE", followed by a long horizontal line.

Jose A. Esparza
Deputy Secretary of State