FIGCOSS8

Special Instructions to Filing Officer:				

Office Use Only



700331554857

80215715 - Albertonic ** 5.35





COVER LETTER

TO: Registration Section				
Division of Corporations				
EigenRisk Inc. SUBJECT:				
	of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Stan	ding" and check are sub	ct Business in Florida," mitted to register the	
Please return all correspondence concerning this matter to the following: Dan Pengue			ZO19 JUL SECRE	
EigenRsik Inc.	Name of Person		N.S.SEE.	
P.O. Box 320126	Firm/Company Box 320126		LORIDA STATE CLORIDA	
Fairfield, CT 06825	Addre	SS		
dpengue@eigenrisk.com	City/State ar	nd Zip code		
E-mail addres	s: (to be used f	or future annual report n	otification)	
For further information concerning this i	natter, please c	all:		
Dan Pengue	203	561 9019		
Name of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following am	ount:			
☐ \$70.00 Filing Fee ☐ \$78.75 Filin Certificate	-	\$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. EigenRisk Inc. 1. (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) 46-5682410 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) 07/01/2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3765 Plaza Drive Ann arbor, MI 48108 (Principal office address) P.O. Box 320126 Fairfield, CT 06825 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Eduardo Hernandez Name: 1216 MarianaAvenuc Office Address: Coral Gables 33134 _____, Florida _ (City) 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 Deepak Badoni V Chairman: 536 Forest Lake Drive Holland, OH 43528 Address: _ Eduardo Hernandez 🗸 Director: 1216 Mariana Avenue Coral Gables, FL 33134 Address: James Morton Director: Anspach Meeks Ellenberger LLP Address: 300 Madison Avenue, Suite 1600 Toledo, OH 43604 B. OFFICERS Deepak Badoni President: 536 Forest Lake Drive Holland, OH 43528 Address: _ Eduardo Hernandez Vice President: 1216 Mariana Avenue Coral Gables, FL 33134 Address: ____ James Morton V Secretary: Anspach Meeks Ellenberger LLP; 300 Madison Avenue, Suite 1600 Toledo, OH 43604 Address: Dan Pengue / Treasurer: 203 White Oak Road Fairfield, CT 06825 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. Dan Pengue Chief Financial Officer 13. _ (Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EIGENRISK 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-EIGHTH DAY OF JUNE, A.D. 2019.

FILED
2019 JUL 15 PH 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authentication: 203127157

Date: 06-28-19