**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO	NOT hit the REFRESH/RELOAD but Doing so will generate anoth	ton on your brow her cover sheet.	ser from this page] .
ſo:	Division of Corporations Fax Number : (850)617-6383		PN 4:51
From:	Account Name : C T CORPORATION Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845  the email address for this business		>> used for future
an . 🏭	nual report mailings. Enter only on ail Address:	e email address	please.**
	FOREIGN PROFIT/NONPRO American Ports Insurance Progra		asing Group
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A

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

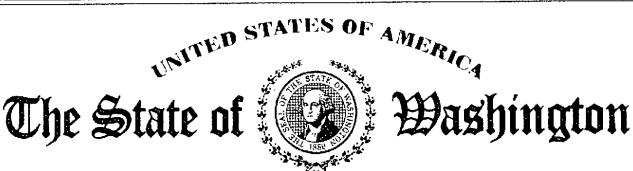
'inc.," "Co.," "C	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
	Corp," "Inc," "Co," or "Corp.")		
American Port	s Insurance Program Risk Purchasing Group (	Corporation	
f name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting busing	ness in Florida)
Washington	_	26-2195560	20
(P	3. ry under the law of which it is incorporated)	(FEI number, if applicable	
•		· .	1 2
lanuary 31, 200	<sup>76</sup> 5.	Ξ.	Ö
(Date	5. of incorporation)	(Date of duration, if other than $\hat{p}$	erpetual) 5
		יי. דו	
	(Date first transacted business in	Florida, if prior to registration)	<del> </del>
		602, F.S., to determine penalty liability)	1:51
120 5th Ave. St	e 1500, Seattle, Washington 98101-2424		်း က
			> <del>-</del>
lame and <u>stre</u>	et address of Florida registered agent: (P.C C T Corporation System	D. Box <u>NOT</u> acceptable)	
Name:	1200 South Pine Island Road	<del></del>	
runic.	1200 South I the James Rolls		
ce Address:	Plantation	Florida	
	Plantation	, Florida (Zip code)	
ce Address:	Plantation. (City)	, Florida	
ce Address: Registered ag	Plantation. (City) ent's acceptance:	, Florida(Zip code)	poration at the p
ce Address: Registered ag ing been nan	Plantation.  (City)  ent's acceptance: ned as registered agent and to accept servi	, Florida	
ce Address: Registered ag ing been nan gnated in this	Plantation.  (City)  ent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appoints.	, Florida, (Zip code)  ice of process for the above stated corp ment as registered agent and agree to	act in this capac
ce Address: Registered ag ing been nan gnated in this her agree to c	Plantation.  (City)  ent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appoints, comply with the provisions of all statutes r	Florida, Florida	act in this capac
ce Address: Registered ag ing been nan gnated in this her agree to c	Plantation.  (City)  ent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appoints comply with the provisions of all statutes r familiar with and accept the obligations of	Florida (Zip code)  (Zip code)  (Zip code)  (Ce of process for the above stated corporate as registered agent and agree to elative to the proper and complete performy position as registered agent.	act in this capac
ce Address: Registered ag ing been nan gnated in this her agree to c	Plantation.  (City)  ent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appoints, comply with the provisions of all statutes r	Florida (Zip code)  (Zip code)  (Zip code)  (Ce of process for the above stated corporate as registered agent and agree to elative to the proper and complete performy position as registered agent.	act in this capac

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. Nan	nes and business addresses of officers and/or directors;	
A. DIR	ECTORS	
Chairman	Brian White 🗸	
Address:	1420 5th Ave Ste 1500, Seartlo, Washington 98101-2424	
, 10 2, 2, 1		
	irman:	
Address:		
Director:	Deborah Bovee /	
Address:	1420 5th Ave Ste 1500, Seattle, Washington 98101-2424	51 ~
. (1111 63.51		101
	Vivian Hotaday V	<u> </u>
Director:	1420 5th Ave Ste 1500, Seattle, Washington 98101-2424	- 65 - 72 65 - 72
Address:	1420 Stiff Are Steep South Control of the State	
		<u> </u>
B. OFF	ICERS /	્રામાં <b>51</b> કુંસ્કુઈ
D	Deborah Boves	JA
President	1420 5th Ave Ste 1500, Seattle, Washington 98101-2424	
Address:		
	Brian White	
Vice Pres	ident:	
Address:	1420 5th Ave Ste 1500, Seattle, Washington 98101-2424	
	Vivian Holaday 🗸	
Secretary	1420 5th Ave Ste 1500. Scattle, Washington 98101-2424	
Address:	Vivian Holaday	
Treasurer	·	
Address:	1420 5th Ave Ste 1500, Seuttle, Washington 98101-2424	·
NOTE:	If necessary, you may attach an addendum to the application listing additional office	rs and/or directors.
	En A. Minti	
12.	Signature of Director or Officer	
The office	cer or director signing this document (and who is listed in number 1) above) affirms t and that he or she is aware that false information submitted in a document to the Dept	hat the facts stated herein artificial of State constitutes
a third d	egree felony as provided for in 5:8 [7.155, F.S.	
13.	Brian A. White, Vice President	
	(Typed or printed name and capacity of person signing application)	

- 1911



Secretary of State

I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

0F

## AMERICAN PORTS INSURANCE PROGRAM RISK PURCHASING GRÖUP

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/31/2008.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for fifing and that proceedings for administrative dissolution are not pending.

> 12/11/2019 Issued Date: 602 804 620 UBI Number:



GENTERAL .

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tim Ulyna

Date Issued: 12/11/2019