5/20/2020

Division of Corporations H20000150323 3

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.

(((H20000150323 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:____

FOREIGN PROFIT/NONPROFIT CORPORATION DAYFORWARD INSURANCE AGENCY INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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| , COVER LE | TTED | |
| COVER LE | I I LIK | |
| TO: Registration Section Division of Corporations | | |
| SUBJECT: Dayforward Insurance Agency Inc. | | |
| Name of corporation | - must include suffix | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business | ling" and check are submitted to regis | Florida,'' ter the |
| Please return all correspondence concerning this matter | to the following: | |
| Name of I | Person | |
| Firm/Com | 2221 | |
| r trite Com | pany | |
| Addre | SS | |
| | | |
| City/State ar | nd Zip code | |
| E-mail address: (to be used f | or future annual report notification) | <u> </u> |
| For further information concerning this matter, please e | all: | 2020 1*** |
| at (| | |
| Name of Person Area Code | Daytime Telephone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | PH 1: 30 |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$\Boxed{\text{S70.00}}\$ \$870.00 Filing Fee \$\boxed{\text{Certificate of Status}}\$ | S78.75 Filing Fee & S87.50 Certified Copy Certific | Filing Fee, cate of Status & ed Copy |

OccuSign Envelope ID: FF39F34E-8675-4273-B94E-2E61A6DC855A

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO A SANGET 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.

| Dayforward Insu | rance Agency Inc. | |
|-----------------------|---|---|
| | orporation, must include "INCORPORATED prp." "Inc," "Co." or "Corp.") | ," "COMPANY," "CORPORATION," |
| (If name unavaila | ble in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Florida) |
| Delaware 2. | 3 | 84-4571752 |
| | under the law of which it is incorporated) | (FEI number, if applicable) |
| 01/29/2020 4. | 5. | Perpetual |
| | of incorporation) | (Date of duration, if other than perpetual) |
| 6. 03/12/2020 | | |
| 7. 9 Great Jones Stre | et, Unit 4, New York NY 10012 (Principal of | fice <u>street</u> address) |
| | (Curent mail | O. Box NOT acceptable) |
| 8. Name and stree | <u>et address</u> of Florida registered agent: (P. | O. Box NOT acceptable) |
| Name: | Corporation Service Company | |
| Office Address: | 1201 Hays Street | |
| | Tailahassee | 32301 |
| | (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.

| Comporation Service Company. By: Whele Company. | abot | |
|---|--|---|
| | agent's signature) Michele L. Abbott, Asst. VF | 5 |

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.

CSC TRANS01 5/20/2020 3:21:56 PM PAGE 5/006 Fax Server

| ПСһантал | Name: Aaron Shapiro | □Chairman | | Khandelwal |
|----------------------------------|--|--------------------------|---|---|
| ∃Vice Chairman | 9 Great Jones Street Unit 4 Address: | □Vice Chairman | Address: 9 Gre | at Jones Street Unit 4 |
| Director | New York NY 10012 | □Director | New York NY | |
| DPresident | | □President | | |
| □Vice President | | ■ Vice President | | |
| Secretary | □Treasurer | ☐ Secretary | | Treasurer |
| CEO | Other | Other | | □Other |
| □Chauman | Dan Fine | □Chanman | Zohaib l | Rathore |
| ∏Vice Chairman | 9 Great Jones Street Unit 4 | □Vice Chairman | 0.00 | at Jones Street Unit 4 |
| Director | New York NY 10012 | ⊞Director | New York NY | |
| □President | | □President | | |
| []Vice President | | ∰Vice President | <u> </u> | <u></u> |
| □ Secretary | OTreasurer | Secretary | | Treasurer |
| Chief Ma Other <u>Officer</u> | Cheting Cother C | Other | of Finance | □Other |
| ∐Chairman | Name: | ⊡Chairman | Name. | |
| | Address. | □Vice Chairman | Address: | 207 |
| □Director | | □Director | | 20211111 |
| ∏President | | □President | | 2.0 |
| ∐Vice President | | ∰Vice President | | |
| □ Secretary | □Treasurer | ☐ Secretary | | Treasurer (2) |
| ∰Other | □Other | Other | | □Other |
| indi Doc Signed | Use an attachment to report more than six (6). The ix when filing your Florida Department delival | rtment of State Annual R | ed for reporting pu eport form. | uposes only. Non-inde |
| | Signature of Direc | | 1 1 . 6 | 11 |
| The officer or dire | ctor signing this document (and who is listed in nu alse information submitted in a document to the De | mber 11 above) affirms t | hat the facts stated utes a third degree | i nerein are true and tha e felony as provided for |

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

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAYFORWARD INSURANCE AGENCY 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 FIFTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAYFORWARD INSURANCE AGENCY INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

7824978 8300 SR# 20204017258

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202941831

Date: 05-15-20