# F20000005288

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





600355479126

2020 HOV 24 PIN 1:1

W. SALY

### Sunshine State Corporate Compliance Company

#### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/24/2020		**WALK	IN**
ENTITY NAME PORCH	.COM, INC.		
	<u> </u>		<del></del> · · · ·
DOCUMENT NUMBER_		<del></del>	
	**PLEASE FILE THE ATTACHED AND RETURN**		
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
**/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**		
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINAT	TON		
NUMBER OF CERTIFICA.	TES REQUESTED	<del></del>	
TOTAL OWED \$70.00	ACCOUNT #: I2016000007	'2	
Please call Tina at th	ie above number for any issues or concerns. Thank you s	ro much!	

#### **COVER LETTER**

	tration Section ion of Corporations		
SUBJECT:	PORCH.COM, INC.		
00202011	Name o	of corporation	- must include suffix
Dear Sir or M	adam:		
"Certificate of		of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return	all correspondence concerni	ng this matter	to the following:
MARTIN H	HEIMBIGNER		
	•	Name of I	Person
PORCH.COM	, INC.		
		Firm/Com	pany
2200 IST AVE	ES		
-		Addre	ss
SEATTLE, W	A 98134		
		City/State as	nd Zip code
aparkerway@g	gcatlarge.com		
	E-mail address	(to be used f	or future annual report notification)
For further in	formation concerning this ma	atter, please c	all:
URS Agents ATTN Kanetha Bishop		800 at (	567-4397
Name	e of Person	Area Code	Daytime Telephone Number
Regis Divisi The C	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	<b>5:</b>	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT  Fee &	OF STATE  \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

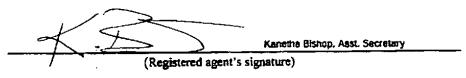
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavails	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florid		
DELAWARE		3. 90-0781625		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
12/22/2011	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
200 1ST AVE S	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 SEATTLE, WA 98134	, F.S., to determine penalty liability)		
200 1ST AVE S	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability)		
200 IST AVE S	(SEE SECTIONS 607.1501 & 607.1502 SEATTLE, WA 98134 (Principal office	street address)  ddress, if different)		
	(SEE SECTIONS 607.1501 & 607.1502 SEATTLE, WA 98134 (Principal office	street address)  ddress, if different)		
ame and <u>stre</u> c	(SEE SECTIONS 607.1501 & 607.1502 SEATTLE, WA 98134  (Principal office (Current mailing a	street address)  ddress, if different)		
Name and <u>stree</u> Name:	(SEE SECTIONS 607.1501 & 607.1502 SEATTLE, WA 98134  (Principal office)  (Current mailing a	street address)  ddress, if different)		
Name and <u>stre</u> e	(SEE SECTIONS 607.1501 & 607.1502 SEATTLE, WA 98134  (Principal office (Current mailing a standards) of Florida registered agent: (P.O. EURS AGENTS, LLC 3458 LAKESHORE DR	street address)  ddress, if different)		

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.



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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS						
Chairman	Name: MATTHEW EHRLICHMAN	□ Chairman	Name: MARTIN HEIMBIGNER			
□ Vice Chairman	Address:	☐ Vice Chairman	Address:			
Director	2200 1ST AVE S	□Director	2200 IST AVE S			
□President	SEATTLE, WA 98134	□President	SEATTLE, WA 98134			
□ Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	Treasurer			
©CEO	Other	☐Other	Other			
Chairman	Name:	□Chairman	Name:			
			$\omega$			
□Director		Director	200 200			
□ President		☐ President	70			
		□ Vice President				
☐ Secretary	Treasurer	Secretary	Treasurer			
Other	□ Other	□Other	Other			
☐ Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director	<del></del>			
□President		□President				
□ Vice President		□Vice President				
Secretary	☐Treasurer	Secretary	Treasurer			
Other	Other	□ Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 1) 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.   (Typed or printed name and capacity of person signing application)						



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

DELAWARE, DO HEREBY CERTIFY "PORCH.COM, 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

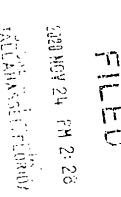
OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PORCH.COM, INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2011.

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





Authentication: 204153392

Date: 11-24-20

5085343 8300

SR# 20208480268