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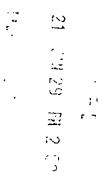
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	MKL Services Company			
		of corporation -	must include suffix	
Dear Sir or N	⁄ladam:			
"Certificate of	I "Application by Foreign C of Existence," or "Certificat need foreign corporation to	e of Good Stand	ing" and check are sub	
Please return	all correspondence concerr	ning this matter to	o the following:	
Alina Pirici				
		Name of Po	erson	
Markel				
		Firm/Comp	any	
10275 W Hig	gins Rd, Suite 750			
		Addres	S	
Rosemont, IL	60018			
		City/State and	l Zip code	
legalregulator	y@markel.com			
	E-mail addres	ss: (to be used for	r future annual report n	otification)
For further in	nformation concerning this r	matter, please cal	II:	
Alina Pirici at (847		572-6397		
Nam	ne of Person	Area Code	Daytime Telepl	hone 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	
	check for the following am heck payable to: FLORIDA D ling Fee S78.75 Filin Certificate	DEPARTMENT () ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

MKL Services (Company			
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp,")	" "COMPANY." "CORPORATION.		
MKL Insurance	Services Company			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida	
Virginia 2.		3		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 06/18/2020	5.			
	of incorporation)	(Date of duration, if other than perpetual)		
6.				
7. 4521 Highwoods		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	(Principal offi	ce <u>street</u> address)		
10275 W Higgin	s Rd., Suite 750, Rosemont, IL 60018		<u>ن</u>	
-	(Current mailin	ig address, if different)		
8. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	12 61 C3	
Name:	C T CORPORATION SYSTEM		19.	
Office Address:	1200 SOUTH PINE ISLAND ROAD		(-5)	
arrive reduced.	PLANTATION	, Florida	2	
	(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.

Margaret & Routzeln

(Registered agent's fighature) Margaret E. Routzahn, Special Ass't Secretary

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.

□Chairman	Name: Tammy Berberich	Chairman	Name:
□Vice Chairman	Address: 4521 Highwoods Parkway	□Vice Chairman	Address:
Director	Głen Allen, VA 23060	Director	Glen Allen, VA 23060
■ President		□President	
□Vice President		■Vice President	
□Secretary	□Treasurer	☐Secretary	□Treasurer
□Other	Other	Other	□Other
⊒Chairman	Name: Kathleen Sturgeon	□Chairman	April Duff Name:
□Vice Chairman	10275 W Higgins Rd	□Vice Chairman	Address: 4521 Highwoods Parkway
□Director	Suite 750	□Director	Glen Allen, VA 23060
□President	Rosemont, IL 60018	□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	■ Treasurer
□Other	Other	□Other	Other
⊐Chairman	Name:	□Chairman	Name:
JVice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
]President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐Secretary	□Treasurer
□Other	Other	□Other	

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.

, Kathleen Sturgeon, Secretary

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That MKL Services Company is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on June 18, 2020;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 7, 2021

Bernard J. Logan, Clerk of the Commission