Division of Corporations

7/2/2021

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

**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

M Insurance Solutions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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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.

1.	M Insurance So	utions, Inc.				
		orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	PORATED,	" "COMPANY," "CORPORATION,"		-
	(If name unavail:	ble in Florida, enter alternate cor	porate name	adopted for the purpose of transacting be	ssiness in Florida)	-
2.	Oregon		1	203045673		
		y under the law of which it is inco		(FEI number, if applic	able)	-
4.	06/20/2005		5	Perpetual		
	(Date	of incorporation)		(Date of duration, if other than	perpetual)	-
6.	Upon Qualificat	ion			1200 1200 1200 1200	
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.	1125 NW Couch	St., Ste. 900, Portland, OR 97209			\$\frac{1}{2} \frac{1}{2}	
			(Princip	oal office address)	PH :	
		(C	Current mailir	ng address, if different)	3: 07	· Negari
8.	Name and stree	t address of Florida registered	agent: (P.C	D. Box <u>NOT</u> acceptable)		
	Name:	C T Corporation System				
OI	ffice Address:	1200 South Pine Island Road	_			
		Plantation		, Florida 33324		
		(City)		(Zip code)		
He de fu	aving been nam signated in this rther agree to co ties, and I am f	application, I hereby accept to mply with the provisions of a uniliar with and accept the or C T Corporation System	he appointe ill statutes r	ice of process for the above stated conent as registered agent and agree to clative to the proper and complete proper and complete proper and complete properties.	o act in this capa	city.
		3v:	(Revistered	agent's signature)	_	
			(.zePisteren .	Menter of Statement		

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:

Page: 5 of 7

A. DIRECTORS	
Chairman: SEE ATTACHMENT	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	S 202
Address:	
	7 - 1
B. OFFICERS	%0 P
President: SEE ATTACHMENT	11.7 TE
Address:	7 <u>2</u> 0
	71 7
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additi	onal officers and/or directors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 abov are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	c) affirms that the facts stated herein to the Department of State constitutes

13. Jeffrey Struthers, Vice President

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

16144554862

Officers and Directors of M Insurance Solutions line

JAN.	10.0 1787	1787	PERCENTAGE	APPOINTMENT
	SECKET	UT OF STATE		
Kevin Bruce Kukar	Treasurer [i.i.]	[]. 1 747 NE Royal Ct., Portland, OR 97232	0%	11/16/2020
Stephen Alexander Lundin	Director/President	64 Hazard Ave., Providence, RI 02906	0%	11/16/2020
Jeffrey Scott Bear	Vice President	3750 Fairhaven Drive, West Linn,	0%	11/16/2020
`	!	OR 97068		
Kellie Lynne Marx	Secretary	3340 SW 116 Ave, Beaverton OR	%0	11/16/2020
		97005		
Jeffrey Patrick Struthers	Vice President	2725 NW Bauer Woods Drive	0%	11/16/2020
		Portland OR 97229		
Donna Ann Litke	Vice President	292 Feldspar Ridge, Glastonbury,	%0	11/16/2020
		CT 06033		
Devin Marie LaPlant	Director/Vice President	5251 NE 37 th Ave., Portland, OR 97211	0%	11/16/2020
Dean James Beckley	Chief Information Security Officer	1435 NW 133rd Ave, Portland, OR 97229	0%	11/16/2020
Matthew Ernest Mylroie	Director/Vice President	12200 SE William Otty Rd., Happy	%0	11/16/2020
		Valley, OR 97086		

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 659Y686X9

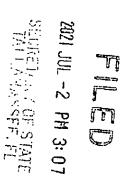
I, SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

M INSURANCE SOLUTIONS, INC.

is

Incorporated

under the laws of The State of Oregon



and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE 5/20/2021