

7/2/2021

Division of Corporations

F210000003783

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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FOREIGN PROFIT/NONPROFIT CORPORATION

M Insurance Solutions, Inc.

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

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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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 Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oregon

(State or country under the law of which it is incorporated)

3. 203045673

(FEI number, if applicable)

4. 06/20/2005

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1125 NW Couch St., Ste. 900, Portland, OR 97209

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

C T Corporation System

By: Chloe Alpert

(Chloe Alpert - Assistant Secretary)

(Registered agent's signature)

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:

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

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.

13. Jeffrey Struthers, Vice President

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

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SECURITY OF STATE
TAMPA OFFICE FL

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Officers and Directors of M Insurance Solutions, Inc.

NAME	TITLE	2021 JUL -2 PRESIDENT	ADDRESS	OWNERSHIP PERCENTAGE	DATE OF APPOINTMENT
Kevin Bruce Kukar	Treasurer	SECRET T-0117	104 OF STATE 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, OR 97068	0%	11/16/2020
Kellie Lynne Marx	Secretary		3340 SW 116 Ave, Beaverton OR 97005	0%	11/16/2020
Jeffrey Patrick Struthers	Vice President		2725 NW Bauer Woods Drive Portland OR 97229	0%	11/16/2020
Donna Ann Litke	Vice President		292 Feldspar Ridge, Glastonbury, CT 06033	0%	11/16/2020
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 Oty Rd., Happy Valley, OR 97086	0%	11/16/2020

M Insurance Solutions is wholly owned by its parent company, M Financial Holdings.

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.

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SECRETARY OF STATE
TAMARA S. F. FL



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

A handwritten signature in black ink, appearing to read "Shemia Fagan".

SHEMIA FAGAN, SECRETARY OF STATE

5/20/2021