## F21000003889

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July 8, 2021

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: SOUNDVIEW CLAIMS SOLUTIONS INC.

Ref. Number: W21000097838

We have received your document for SOUNDVIEW CLAIMS SOLUTIONS INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your CSC request sheet money amount is wrong. The fees to file a corporation is 70.00.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes Regulatory II

Letter Number: 921A00015626

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 866754 7615650

AUTHORIZATION :

COST LIMIT : \$ 70..00

ORDER DATE : June 16, 2021

ORDER TIME : 1:48 PM

ORDER NO. : 866754-030

CUSTOMER NO: 7615650

## FOREIGN FILINGS

NAME: SOUNDVIEW CLAIMS SOLUTIONS

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

## 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.

	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)	
Delaware 3. 87-1239197				
(State or count	y under the law of which it is incorporated)	(FEI number, if app	plicable)	
06/16/2021	5.			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 32, F.S., to determine penalty liabilit	(y)	
Harborside 3, 21	0 Hudson St., Suite 300 Jersey City, NJ 07311			
_	(Principal offic	e <u>street</u> address)		
	(Current mailing	address, if different)		
			202! SE	
Name and stre	et address of Florida registered agent: (P.O	Box NOT acceptable)		
Name:	Corporation Service Company			
	1201 Hays Street	<del></del>		
fice Address:			AM 9: 21 OF STAT	
	Tallahassee	, Florida	: ST 9:	
	(City)	(Zip code)	25 건물	
Registered ag	ent's acceptance:		• •	
	ted as registered agent and to accept servic	e of process for the above stated	corporation at the plac	
iving been nan				
signated in this	application, I hereby accept the appointm comply with the provisions of all statutes re			

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

under the law of which it is incorporated.

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

A. DIRECTORS							
□Chairman	Name:	□ Chairman	Name:	inczyk			
□Vice Chairman	Address:	□Vice Chairman	Address:	orside 3, 210 Hudson St.			
Director	Suite 300	Director	Suite 300	<del></del>			
□President	Jersey City, NJ 07311	□President	Jersey City, NJ 07311				
□Vice President		□Vice President					
□Secretary	☐Treasurer	Secretary		□Treasurer			
Other Sr. Vice F	President Other	Other	resident	□Other			
	Name:	Da :					
□ Chairman		□ Chairman	Name:	<del></del>			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President	Hartford, CT 06103	□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
Assistant Vi	ce President & Other	□Other	<del></del>	Other			
□Chairman	Name:	⊡Chairman	Name:				
	Address:						
_		_					
□Director		□Director					
□ 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 direct	tor cianing this document (and who is listed in number	11 above) affirms th	at the facts stated	herein are true and that ha a			

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. Melissa B. Gilligan, Assistant Vice President & Assistant Secretary

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

DELAWARE, DO HEREBY CERTIFY "SOUNDVIEW CLAIMS SOLUTIONS 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 SEVENTH DAY OF JULY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUNDVIEW CLAIMS SOLUTIONS INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JUNE, A.D. 2021.

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

Authentication: 203613132

Jeffrey W. Buflock, Secretary of State

Date: 07-07-21