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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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(Document Number)					
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COVER LETTER

10:	Division of Corpo						
SUBJ	ECT:	CT: Insurate, Inc.					
	Name of corporation - must include suffix						
Dear S	ir or Madam:						
"Certif	ficate of Existence."	by Foreign Corporation or "Certificate of Good S orporation to transact bus	Standing" an	d check are sub			
Please	return all correspon	dence concerning this ma	atter to the fo	ollowing:			
		Kristie	Washingto	n			
		Name	of Person				
		ILSA	A, Inc.				
		Firm/C	Company				
		111 N.	Railroad S	t.			
		A	ddress			13	
		Groesb	eck, TX 76	6642		0 19	
City/State and Zip code						2021 OFT 22	
			surate.com			22	
		E-mail address: (to be us	ed for future	e annual report r	notification)	P	
For fu	For further information concerning this matter, please call:						
Kri	stie Washington	at (254) 729	9-6161			
	Name of Person	Area (Daytime Telep	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			
Please		e following amount: o: FLORIDA DEPARTMI \$78.75 Filing Fee & Certificate of Status	□ \$78.75	ATE Filing Fee & led Copy	S87.50 Fili Certificate Certified C	of Status &	

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. Insurate, 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) (FEI number, if applicable) (State or country under the law of which it is incorporated) 5. (Date of duration, if other than perpetual) 10-1-2019 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 14301 FNB Pkwy, Ste 100 Omaha, NE 68154 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway 1 Office Address: - -North Palm Beach _____, Florida ___33408 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

(Registered agent's signature)

Carlos M. Alvarez, Special 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.

duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Names and business addresses of officers and/or directors:

A. DIRE	ECTORS		
Chairman:	Joseph Mcilhon		
Address:	14301 FNB Pkwy, Ste 100		
_	Omaha, NE 68154		
Vice Chai	rman:		
Address:			
_			
Director:	Joseph Mcilhon		
	14301 FNB Pkwy, Ste 100		
	Omaha, NE 68154		
Director:	Scott Weller		
Address:	14301 FNB Pkwy, Ste 100		
	Omaha, NE 68154		
B. OFFI	ICERS		
President:	Scott Weller	, <u>.</u> .	
	14301 FNB Pkwy, Ste 100		
	Omaha, NE 68154		
Vice Presi	ident:	701	
		2011 OCT	~f.
		22	
Secretary:		PH	
Address:		- 2	
Treasurer:	Hossein Mousavi	4	
Address:	14301 FNB Pkwy, Ste 100, Omaha, NE 68154		<u> </u>
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	or directors.	
12	If necessary, you may attach an addendum to the application listing additional officers and John Million		
are true a	rer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S.		
13	Joe McIlhon CEO		
	((Typed or printed name and capacity of person signing application)		

Insurate, Inc.
14301 FNB Pkwy, Ste 100
Omaha, NE 68154

CEO / Director

Joseph Mcilhon 14301 FNB Pkwy, Ste 100 Omaha, NE 68154

President / Director

Scott Weller 14301 FNB Pkwy, Ste 100 Omaha, NE 68154

CFO / Director

Hossein Mousavi 14301 FNB Pkwy, Ste 100 Omaha, NE 68154

CTO / Director

Ron Hume 14301 FNB Pkwy, Ste 100 Omaha, NE 68154 2021 OCT 22 PH 1: 25

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INSURATE, 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 NINETEENTH DAY OF OCTOBER, A.D. 2021.

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

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

WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2019.

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

2821 OCT 22 PM 1: 25

at corn delaware gov/aut

Authentication: 204450410

Date: 10-19-21

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