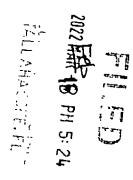
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Office Use Only



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02/18/22--01029--007 **78.75



S. FRANKLIN MAR 0 7 2022

COVER LETTER

•	tration Section ion of Corporation	ns				
SUBJECT:	International Ass	urance of Tennessee. In	c.			
John Lett.		Name of corporat	ion - must	include suffix		
Dear Sir or M	adam:					
"Certificate of	f Existence," or "	Foreign Corporation (Certificate of Good Soration to transact bus	Standing" a	nd check are subr		
Please return	all correspondenc	ce concerning this ma	tter to the	following:		
Darrell Belch						
		Name	of Person			
3H Corporate S	Services, LLC				,	2022 FEB
		Firm/C	Company			7
36 Long Alley					 	
		Ac	ddress		77	
Saratoga Sprin	gs, NY 12866				, c	PH
confilings@2h	22 200	City/Stat	te and Zip	code		25
sosfilings@3h		ail address: (to be us	ed for futu	re annual report n	otification)	
For further in:		ning this matter, pleas		ic unital report		
Darell Belch		at (518	583	-0639 Ext. 125		
Name	e of Person	Area C	Code	Daytime Teleph	none 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, FI. 32314			
Enclosed is a Please make ch	ing Fee 🛮 🗏 \$	owing amount: ORIDA DEPARTME 78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 F Certifica Certified	ate 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.

	•	dopted for the purpose of transacting business in Flor	rida)
Tennessee (State or country under the law of which it is incorporated)		62-1226656	
	under the law of which it is incorporated)	(FEI number, if applicable)	
4. <u>12/11/1984</u>	5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
, 123 7TH AVE S F	FRANKLIN. TN 37064-2733		
·		e <u>street</u> address)	
123 7TH AVE S	FRANKLIN, TN 37064-2733	2	3
	(Current mailing	address, if different) Box NOT acceptable)	<u> </u>
			D
8. Name and street	t address of Florida registered agent: (P.O.	Box NOT acceptable)	00
Name:	3H Agent Services, Inc.	<u>်ပွာ</u>	P
	1415 Panther Lane. Suite 327		Ň 🚅
Office Address:			25
	Naples	, Florida <u>34109</u>	
	(City)	(Zip code)	

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.

A. DIRECTORS							
□Chairman	John Francis, Jennings Name:	□Chairman	Name: Denisc Walsh				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Suite 602	■Director	Pearl River, NY 10965				
President	New York, NY 10018	□President					
□Vice President		□ Vice President					
□Secretary	□Treasurer	Secretary	□Treasurer				
□Other	Other	□Other	□Other				
□ Chairman	Name: David Leslie Nielsen	□Chairman	Name: Leslie Ira Ross				
	Address: 1350 Broadway		Address: 425 California Street				
Director	Suite 602	□Dîrector	Suite 2400				
□ President	New York, NY 10018	□President	San Francisco, CA 94104				
□Vice President		□Vice President					
□Secretary	■ Treasurer	☐ Secretary	□Treasur eg				
■Other CFO	□Other	Other EVP	Other B				
□Chairman	Name:		Name: Brenda McAfee				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Franklin, TN 37064	□Director	Franklin, TN 37064				
□President		□President					
□Vice President		■Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other EVP	Other	□Other	□Other				
Important Notice: I individuals may be	Jse an attachment to report more than six (6). The attached to the index when filing your Florida Department	it of State Annual Re	port form.				
12. Signature of Director or Officer							
The officer or direct she is aware that fars.817.155, F.S.	ctor signing this document (and who is listed in number lise information submitted in a document to the Departn	11 above) affirms the nent of State constitu	at the facts stated herein are true and that he or ites a third degree felony as provided for in				

13. Leslie Ira Ross, Executive Vice President

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

International Assurance of Tennessee, Inc.

Schedule of Directors/Officers Continued:

Scott Warren Eastland

Vice President

10851 N. Black Canyon Highway

Suite 200

Phoenix, AZ 85029

John C. LaCava

Executive Vice President

119 North Park Avenue

4th Floor

Rockville Centre, NY 11570

2022 FEB 18 PH 5: 25



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

DARRELL BELCH

DARRELL BELCH 36 LONG ALLEY

SARATOGA SPRINGS, NY 12866

Request Type: Certificate of Existence/Authorization

Request #:

0459628

Issuance Date: 02/11/2022

Copies Requested:

February 11, 2022

Document Receipt

Receipt #: 006920772

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3823430280

\$20.00

Regarding:

INTERNATIONAL ASSURANCE OF TENNESSEE, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 12/11/1984

Status:

Active

Duration Term:

Perpetual

Business County: WILLIAMSON COUNTY

Control #:

149537

Date Formed: 12/11/1984

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective astor the issuance date noted above

INTERNATIONAL ASSURANCE OF TENNESSEE, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Verification #: 051662924 Processed By: Cert Web User