	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)	-		
PICK-UF	D WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Statu	s		
Special Instructions to Filing Officer:				

Office Use Only



400385716894



S. HAWKES

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 379077 8349351					
AUTHORIZATION : Linebole man					
COST LIMIT : (\$ 70.00					
ORDER DATE : January 14, 2022					
ORDER TIME : 8:42 AM					
ORDER NO. : 379077-055					
CUSTOMER NO: 8349351					
FOREIGN FILINGS					
NAME: M&O INSURANCE SOLUTIONS, INC.					
XXXX QUALIFICATION (TYPE: <u>CO</u>)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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.

	•	opted for the purpose of transacting		orida)	
2. <u>AZ</u>	y under the law of which it is incorporated) $3. \frac{3}{}$	30-1280036			
	y under the law of which it is incorporated)	(FEI number, if app	licable)		
4. <u></u>	5. of incorporation)				
	of incorporation)	(Date of duration, if other than perpetual)			
6. Upon Filing					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		y)		
, 1835 S. Extensio	n Road, Mcsa, AZ 85210	• • • • • • • • • • • • • • • • • • • •	, ,		
/	(Principal office	street address)			
	•				
	(Current mailing	address, if different)			
8. Name and stre	et address of Florida registered agent: (P.O.)	Box NOT acceptable)			-
Name:	Corporation Service Company			دب	t
Name:			• •		السما و و و
Name: Office Address:	1201 Hays Street	_		7	_ -
	1201 Hays Street Tallahassee	, Florida	I . = 1	FiH 10:	
	1201 Hays Street	, Florida 32301(Zip code)		6H 10: 13	
Office Address:	Tallahassee (City)	, Florida	7. TE	6H 10: 13	Ö
Office Address: 9. Registered ag Having been nan	Tallahassee (City) ent's acceptance: ned as registered agent and to accept service	(Zip code) of process for the above stated	corporation	at the p	olace
Office Address: 9. Registered ag Having been nan designated in this	Tallahassee (City) ent's acceptance:	(Zip code) of process for the above stated nt as registered agent and agree	corporation of the	at the p s capac	olace city. I

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: Steven R. Goble	□Chairman	Name:		
□Vice Chainnan	Address:	□Vice Chairman	Address: 1835 S. Extension Road		
Director	Mesa, AZ 85210	Director	Mesa, AZ 85210		
■ President		□President			
□Vice President		□Vice President			
□Secretary	☐Treasurer	■ Secretary	Treasurer		
Other CEO	Other	□Other	Other		
□ Chairman	David B. Cummard, Jr.	□Chairman	Robert T. Rice		
□Vice Chairman	Name:1835 S. Extension Road Address:	□Vice Chairman	Address: 5330 N. La Cholla Blvd.		
Director	Mesa, AZ 85210	Director	Tucson, AZ 85741		
□President		□ President			
■ Vice President		■ Vice President			
Secretary	□Treasurer	□Secretary	☐ Treasurer		
Other	□Other	□Other	Other		
□Chairman	Name:	□Chairman	Name:		
☐ Vice Chairman	Address:	□Vice Chairman	Address:		
Director		□Director			
□President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	□Secretary	☐ Treasurer		
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 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. Richard B. Rucker, Secretary/Treasurer









Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

M&O INSURANCE SOLUTIONS, INC.

ACC file number: 23234533

was incorporated under the laws of the State of Arizona on 06/10/2021;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 04/12/2022

Matthew Neubert, Executive Director



