F2200003096

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
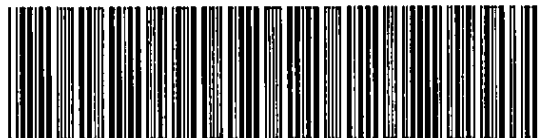(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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W22-62081
0018

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Belong Technology Insurance Services, Inc.
_____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Owen Savir
_____
Name of Person

Belong Technology Insurance Services, Inc.
_____
Firm/Company

100 S Ellsworth Ave Suite 400
_____
Address

San Mateo, CA 94401
_____
City/State and Zip code

legal@belonghome.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Owen Savir   at (650) 885-9166
_____
Name of Person   Area Code   Daytime Telephone Number

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
The Centre of Tallahassee   P.O. Box 6327
2415 N. Monroe Street, Suite 810   Tallahassee, FL 32314
Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ $70.00 Filing Fee   ☐ $78.75 Filing Fee &   ☐ $78.75 Filing Fee &   ■ $87.50 Filing Fee,
     Certificate of Status   Certified Copy   Certificate of Status &
                                                          Certified Copy

2022 MAY 18 PM 7: 16

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. Belong Technology Insurance Services, 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. Delaware   3. 87-4313993
   _____   _____
   (State or country under the law of which it is incorporated)   (FEI number, if applicable)

4. 01/03/2022   5. _____
   _____
   (Date of incorporation)   (Date of duration, if other than perpetual)

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

7. 100 S Ellsworth Ave Suite 400, San Mateo, CA 94401
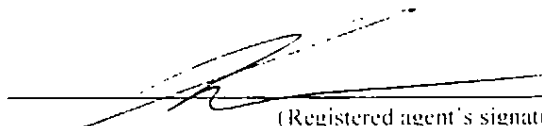   _____
   (Principal office **street** address)

_____
(Current mailing address, if different)

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

   Name: Owen Savir
                    _____

   Office Address: 218 NW 24th St Suite 311
                    _____

                    Miami   , Florida 33127
                    _____   _____
                         (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.

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

A. DIRECTORS

☐Chairman   Name: Owen Omer Savir

☐Vice Chairman   Address: 100 S Ellsworth Ave Suite 400

■Director   San Mateo, CA 94401

■President

☐Vice President

■Secretary   ■Treasurer

☐Other _____   ☐Other _____

☐Chairman   Name: _____

☐Vice Chairman   Address: _____

☐Director

☐President

☐Vice President

☐Secretary   ☐Treasurer

☐Other _____   ☐Other _____

☐Chairman   Name: _____

☐Vice Chairman   Address: _____

☐Director

☐President

☐Vice President

☐Secretary   ☐Treasurer

☐Other _____   ☐Other _____

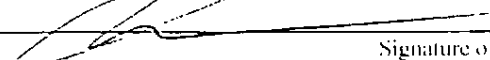☐Chairman   Name: _____

☐Vice Chairman   Address: _____

☐Director

☐President

☐Vice President

☐Secretary   ☐Treasurer

☐Other _____   ☐Other _____

☐Chairman   Name: _____

☐Vice Chairman   Address: _____

☐Director

☐President

☐Vice President

☐Secretary   ☐Treasurer

☐Other _____   ☐Other _____

☐Chairman   Name: _____

☐Vice Chairman   Address: _____

☐Director

☐President

☐Vice President

☐Secretary   ☐Treasurer

☐Other _____   ☐Other _____

(stamp: 2022 MAY 18 PM 7: 17)

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. Owen Savir, President
_____
           (Typed or printed name and capacity of person signing application)

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "BELONG TECHNOLOGY INSURANCE SERVICES,

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 TWENTY-FIFTH DAY OF

APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BELONG

TECHNOLOGY INSURANCE SERVICES, INC." WAS INCORPORATED ON THE THIRD

DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

2022 MAY 18 PM 7:17

Jeffrey W. Bullock, Secretary of State

6515043 8300

SR# 20221601541

Authentication: 203257312

Date: 04-25-22

You may verify this certificate online at corp.delaware.gov/authver.shtml