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T. LEMIEUX
MAR 20 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bondex Insurance Company
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:

Laurie Saccone
Name of Person

Perr&Knight
Firm/Company

401 Wilshire Blvd., #500
Address

Santa Monica, CA 90401
City/State and Zip code

lsaccone@perrknight.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Saccone at (310) 889-0986
Name of Person Area Code Daytime Telephone 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

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

**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. Bondex Insurance Company
(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. New Jersey 3. 26-0159619
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/20/2007 5. perpetual
(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. 30A Vreeland Road, Suite 120, PO Box 6, Florham Park, NJ, 07932
(Principal office street address)

30A Vreeland Road, Suite 120, PO Box 6, Florham Park, NJ, 07932
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

Denise Bell Asst. Secretary

(Registered agent's signature)

Denise Bell

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: Todd Campbell	☐ Chairman	Name: _____
☐ Vice Chairman	Address: 30A Vreeland Road, Suite 120	☐ Vice Chairman	Address: _____
☐ Director	Florham Park, NJ 07932	☐ Director	_____
☐ President	_____	☐ President	_____
☐ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☒ Other Director	☐ 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 _____	☐ 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 _____	☐ 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. _____
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

☐Chairman Name: Antonio Barner
☐Vice Chairman Address: 30A Vreeland Road, Suite 120
Florham Park, NJ 07932
☐Director
☒President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name: John Stephen Berry
☐Vice Chairman Address: 30A Vreeland Road, Suite 120
Florham Park, NJ 07932
☐Director
☐President
☐Vice President
☒Secretary ☐Treasurer
☐Other ☐Other

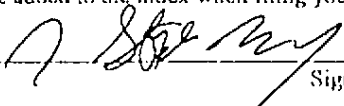
☐Chairman Name: Lionel Jorge
☐Vice Chairman Address: 30A Vreeland Road, Suite 120
Florham Park, NJ 07932
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☒Other Executive ☐Other

☐Chairman Name: Matthew Burnett
☐Vice Chairman Address: 30A Vreeland Road, Suite 120
Florham Park, NJ 07932
☐Director
☐President
☐Vice President
☐Secretary ☒Treasurer
☐Other ☐Other

☐Chairman Name: Mark Gromek
☐Vice Chairman Address: 30A Vreeland Road, Suite 120
Florham Park, NJ 07932
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☒Other Director ☐Other

☐Chairman Name: Shawn Stinson
☐Vice Chairman Address: 30A Vreeland Road, Suite 120
Florham Park, NJ 07932
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☒Other Director ☐Other

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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. J. Stephen Berry
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

BONDEX INSURANCE COMPANY

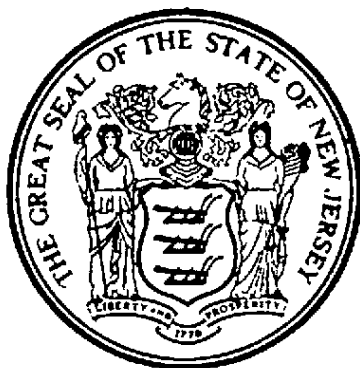
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 09, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

LIONEL D JORGE
30A VREELAND RD STE 120
FLORHAM PARK, NJ 07932



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
23rd day of February, 2023*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6140610581

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp