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| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Dusiness Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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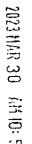
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## **COVER LETTER**

| TO:           |                                  | tration Section on of Corporations   |                   |  |          |
|---------------|----------------------------------|--|-------------------|--|----------|
| SUBJE         | FCT·                             | Beyond Risk Management, Inc.   |                   |  |          |
| 301301        | .c.                              | Name of c  | orporation ·      | must include suffix  |          |
| Dear Si       | ir or M                          | adam:  |                   |  |          |
| "Certifi      | icate of                         |  | Good Stand        | uthorization to Transact Business in Florid<br>ing" and check are submitted to register the<br>s in Florida. |          |
| Please i      | return a                         | all correspondence concerning  | this matter       | o the following:   |          |
| Kevin k       | Cenned                           | y  |                   |  |          |
|               |                                  |  | Name of P         | erson  |          |
| 3H Con        | porate S                         | Services   |                   |  |          |
|               | _                                |  | Firm/Comp         | any  |          |
| 36 Long       | g Alley                          |  |                   |  |          |
|               |                                  | <del></del>  | Addres            | s  |          |
| Saratog       | a Sprin                          | gs, NY 12866   |                   |  |          |
|               |                                  | (  | ity/State an      | d Zip code   |          |
| sosfilin      | gs@3ho                           |  |                   |  |          |
|               | -                                | E-mail address: (t   | o be used fo      | r future annual report notification)   |          |
| For fur       | ther int                         | formation concerning this matt   | er, please ca     | II:  |          |
| Kevin kennedy |                                  |  | 518               | Daytime Telephone Number   |          |
|               | Name                             | e of Person  | Area Code         | Daytime Telephone Number   |          |
|               | Regis<br>Divisi<br>The C<br>2415 | EET/COURIER ADDRESS:<br>tration Section<br>ion of Corporations<br>Centre of Tallahassee<br>N. Monroe Street, Suite 810<br>massee, FL 32303 |                   | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314           |          |
| Please n      | nake ch                          | check for the following amountek payable to: FLORIDA DEPANG Fee  | ARTMENT  <br>ee & | OF STATE  \$78.75 Filing Fee & □ \$87.50 Filing  Certified Copy Certificate of  Certified Cop                | 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.

. . . . . . . . .

| Beyond Risk Ma                           | anagement, Inc.  |   |             | _            |
|--|--|---|-------------|--------------|
| (Enter name of co                        | orporation; must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")                  | "COMPANY," "CORPORATION,"   |             |              |
| (If name unavaila                        | able in Florida, enter alternate corporate name a  | adopted for the purpose of transacting business in  | Florida     | <del>)</del> |
| Delaware                                 | 3.   | 86-2818292  |             |              |
|  | y under the law of which it is incorporated)   | (FEI number, if applicable)   | _           | _            |
| 4. 03/23/2021                            | 5.   | (Date of duration, if other than perpetua   |             |              |
|  | of incorporation)  | (Date of duration, if other than perpetua   | l)          |              |
| 6  |  |   |             | _            |
|  | (Date first transacted business in<br>(SEE SECTIONS 607.1501 & 607.15                    | Florida, if prior to registration) 02, F.S., to determine penalty liability)  |             |              |
| _ 3101 N. Central A                      | AvenueSuite 400Phoenix, AZ 85012   | , , ,   |             |              |
| 7  |  | ce <u>street</u> address)   |             | _            |
|  |  |   |             |              |
| 9. Nama and street                       | (Current mailin<br>et address of Florida registered agent: (P.C                          | g address, if different)  Poy NOT acceptable)   | 2023 HAR 30 | -<br>_       |
| 8. Name and <u>stree</u><br>Name:        | 3H Agent Services, Inc.  |   | 30          |              |
| Office Address:                          | 1415 Panther Lane, Suite 327   |   | 45 :01 HV   |              |
| Office Fiduless.                         | Naples   | Florida   | 0: 5        |              |
|  | (City)   | (Zip code)  | =           |              |
| designated in this<br>further agree to c | ed as registered agent and to accept servi-<br>application, I hereby accept the appointn | ce of process for the above stated corporationent as registered agent and agree to act in the elative to the proper and complete performanistion as registered agent. | his cap     | acity. 1     |

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.

## Company of the Company A. DIRECTORS Name: Devin Taylor Andy Behrends □Chairman □Chairman 9 Woodcock Lane 13475 Atlanta Blvd. Unit 8 Address: □Vice Chairman Address: \_ ☐ Vice Chairman Jacksonville, FL 32225 Westport, CT 06880 ■ Director □ Director □ President □President □Vice President \_\_\_ ☐ Vice President ☐Treasurer ■ Treasurer ■ Secretary □Secretary General Counsel □Other \_\_\_\_\_ Other □Other \_\_\_\_\_ Blake Wakefield □ Chairman □ Chairman Name: \_\_\_\_\_ 3101 N Central Ave Unit 400 ☐ Vice Chairman Address: □Vice Chairman Address: Phoenix, AZ 85012 Director □Director □President ■President □Vice President \_\_\_\_\_ □Vice President □Treasurer □ Secretary ☐ Treasurer □ Secretary CEO Other \_ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: ☐ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: ☐ Vice Chairman Address: □Director □Director □President □President □Vice President \_\_\_\_\_ □ Vice President □Secretary □ Secretary □Treasurer ☐ 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. 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.

Devin Taylor, Secretary and General Counsel



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BEYOND RISK MANAGEMENT, 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 TENTH DAY OF MARCH, A.D. 2023.

Authentication: 202892119

Date: 03-10-23