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### **COVER LETTER**

TO:		tration Sectio ion of Corpor						
SUBJ	ECT·	STANDARD	WARRANTY A	DMINISTR	ATION	GROUP INC		
3000			Name of	corporatio	n - mus	t include suffix		_
Dear S	Sir or M	adam:						
"Certif	ficate o	f Existence."		f Good Sta	nding"	and check are sub-	et Business in Florid mitted to register th	
Please	return	all correspond	lence concerning	g this matte	r to the	following:		
Summ	er Mee	nan						
	_			Name of	Persor	1		
Meena	an PA							
	-			Firm/Cor	npany			
PO Bo	x 1124	7						
				Add	ess			
Tallah	assee l	FL 32302						
				City/State	and Zip	code		
halley	@meer	nanlawfirm.com						
		1	E-mail address: (	(to be used	for fut	ire annual report r	otification)	
For fur	rther in	formation con	cerning this mat	ter, please	call:			
Halley	Kelly		at	850 t (	, 42	5-4000		
	Name	e of Person	<u> </u>	Area Co	ie	Daytime Telepl	none Number	
	Regis Divis The C 2415	tration Sectio ion of Corpor Centre of Talla	ations thassee reet, Suite 810			MAILING A Registration S Division of Co P.O. Box 6321 Tallahassee, F	ection orporations 7	
Please		eck payable to	following amount FLORIDA DEP \$78.75 Filing Certificate of	'ARTMEN' Fee &(	□ \$78.	FATE 75 Filing Fee & ified Copy	□ \$87.50 Filing 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.

(11 Hame unavan	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	ousiness in Florida	
Arizona	ountry under the law of which it is incorporated)  3. 92-2412702 (FEI number, if applicable)			
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)	
2/9/2023	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
·			<u></u>	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)			
13723 Riverport	Dr Suite 500, Maryland Heights, MO 63043	, , ,		
	(Principal office	street address)	<u></u>	
13723 Riverpor	t Dr Suite 500, Maryland Heights, MO 63043	3		
	(Current mailing	address, if different)	70	
			2022.	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Registered Agents Inc		. ` `	
Office Address:	7901 4th St N STE 300		-7	
Trice Address.	St. Datasahura	22702	جې	
	St. Petersburg (City)	Florida 33702 (Zip code)	(Л ()	
	(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.

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

(Registered agent's signature)

#### A. DIRECTORS Name: \_\_\_\_ Andrew Hernandez □ Chairman □ Chairman 13723 Riverport Dr Suite 500 13723 Riverport Dr Suite 500 Address: ☐ Vice Chairman ☐ Vice Chairman Address: Maryland Heights, MO 63043 Maryland Heights, MO 63043 **Z**Director **Z**Director □President **Z**President □ Vice President ☐Vice President □ Secretary **Z**Treasurer □ Secretary ☐ Treasurer □Other □Other Brendan Newell □ Chairman □ Chairman Name: \_\_\_\_\_ 13723 Riverport Dr Suite 500 Address: ☐ Vice Chairman □Vice Chairman Address: Maryland Heights, MQ 63043 ZDirector □Director □President □President □Vice President □ Vice President **Z**Secretary □ Treasurer □Treasurer □ Secretary □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 Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individual may be added to the index when Tiling 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

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. Andrew Hernandez, President





## STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

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

### Standard Warranty Administration Group Inc

ACC file number: 23484383

was incorporated under the laws of the State of Arizona on 02/09/2023;

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. Thave hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 06/13/2023

Douglas R. Clark, Executive Director

Magle R.Clark



