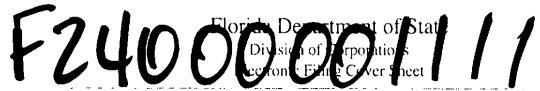
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## FOREIGN PROFIT/NONPROFIT CORPORATION

## **KPL Insurance Inc**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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Help

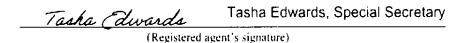
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. KPL Insurance	Inc.		
	corporation; must include "INCORPORATED." "( forp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flor	rida)
Delaware	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 02/14/2024	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
j			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502)		
701 Park of Com	merce Boulevard, Boca Raton, Florida 33487	r.s., to determine penanty manney)	
	(Principal office y	treet address)	
1500 Rue Stanley	y, Montreal, Quebec, H3A 1P7 Canada		
	(Current mailing ac	ddress, if different)	
S. Name and <u>stree</u>	et address of Florida registered agent: (P.O. B Corporate Creations Network Inc.	iox <u>NOT</u> acceptable)	2024 FEB
	801 US Highway 1	_	26
Office Address:			<u>-</u> 0
		, Florida <u></u>	==
	(City)	(Zip code)	: 28

## 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.



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.

⊙ 02/23/2024 2:05 PM	Θ.	02.	/23	/2024	2:05	PΝ
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A. DIRECTORS					
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Montreal, Quebec, H3A 1P7 Canada	Director			
President		□President			
□Vice President		□Vice President			
☐ Secretary	Treasurer	☐ Secretary	□Treasu	rer	
□Other	Other	□Other	Other _		
	Alec Laethem				
□Chairman	Name:	□Chairman	Name:	· · · · · · · · · · · · · · · · · · ·	
□Vice Chairman	Address: 1500 Rue Stanley	□Vice Chairman	Address:		
□Director	Montreal, Quebec, H3A 1P7 Canada	□Director			
□President		□President		<del></del>	
□Vice President		□Vice President		<del></del>	
Secretary	□Treasurer	☐ Secretary	□Treasu	rer	
Other	□ Other	□Other	Other _		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director		<del></del>	
□President		□President			
□Vice President		□Vice President			
Secretary	[] Treasurer	Secretary	☐Treasu	гег	
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.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "KPL INSURANCE 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-THIRD DAY OF FEBRUARY, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KPL INSURANCE INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202876795

Date: 02-23-24