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COVER LETTER

TO:	CO: Registration Section Division of Corporations					
SUBJI	ECT:	Triangle Surety Agency, Inc.				
GODGI	LC1.	Name of corporation - must include suffix				
Dear Si	ir or M	adam:				
"Certifi	icate of	"Application by Foreign Conference," or "Certificate aced foreign corporation to tra	of Good Star	iding" and check are submit		
Please	return a	all correspondence concernit	ng this matter	r to the following:		
Brenda	Bare					
			Name of	Person		
Triangle	e Surcty	Agency, Inc.				
	_		Firm/Con	прапу		
179 Sur	nmers S	Street, Suite 307				
			Addr	ess		
Charles	ton, W	V 25301				
			City/State a	and Zip code		
bbare@)jacobsa	ndcompany.com				
		E-mail address:	(to be used	for future annual report noti	fication)	
For fur	ther inf	ormation concerning this ma	atter, please o	call:		
John M	Jacobs		304	ode Daytime Telephone Number		
	Name	e of Person	Area Cod	e Daytime Telephor	ne Number	
	Regis Divisi The C 2415	CET/COURIER ADDRESS tration Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations	
	nake ch	check for the following amo eck payable to: FLORIDA DE ng Fec	PARTMENT	TOF STATE \$78.75 Filing Fee & 1 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.

	·	• •	ting business in Florida)
West Virginia 3. (State or country under the law of which it is incorporated)		5-0719768 (FEI number, if applicable)	
•	y under the law of which it is incorporated)	(FEI number, if	applicable)
0/19/1992	5	(Date of duration, if other	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		ility)
9 Summers Str	eet, Suite 307, Charleston, WV 25301		
-	(Principal office	street address)	
	(Current mailing	address, if different)	
lame and stree	et address of Florida registered agent: (P.O. Corporation Service Company	,	2021, AP
Name:	et address of Florida registered agent: (P.O.	,	ZOZI APR 1
	et address of Florida registered agent: (P.O. Corporation Service Company	,	2025 APR 19 P
Name:	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	Box NOT acceptable)	2025 APR 19 PHII
Name: ce Address:	ct address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City)	Box NOT acceptable) , Florida 32301	2025 APR 19 PHII: 3
Name: ce Address: Registered ag	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee	Box NOT acceptable) , Florida 32301 (Zip code)	P#11: 34

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:	□Chairman	Name:
□Vice Chairman	Address: 179 Summers Street, Suite 307	□Vice Chairman	Address: 179 Summers Street, Suite 307
□Director	Charleston, WV 25301	□Director	Charleston, WV 25301
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
□ Chairman	Name:	□ Chairman	Name:
	Address:		Address:
□ Director	Address.	□ Director	Audress.
□ President		President	
□Vice President		□ Vice President	
_	☐ Treasurer	_	□Treasurer
☐ Secretary	_		
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departmen	nt of State Annual Re	eport form.
12	Signature of Director or	Officer	
	ctor signing this document (and who is listed in number also information submitted in a document to the Department		
•	obs, President		

(Typed or printed name and capacity of person signing application)



I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

TRIANGLE SURETY AGENCY, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on October 19, 1992.

I further certify that the corporation has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this Certificate of Existence

CERTIFICATE OF EXISTENCE

Validation ID:6WV24_23NRD

Given under my hand and the Great Seal of the State of West Virginia on this day of

February 20, 2024

Mac Warner

Secretary of State



STATE OF WEST VIRGINIA State Tax Department, Taxpayer Services Section P.O. Box 885 Charleston, WV 25323-0885



Matthew R. Irby, State Tax Commissioner

TRIANGLE SURETY AGENCY INC 300 SUMMERS ST STE 970 **CHARLESTON WV 25301-1631**

Letter Id: L2005678240 Issued: 02/14/2024

West Virginia State Tax Department

Letter of Good Standing

EFFECTIVE DATE: February 14, 2024

A review of tax accounts indicates that TRIANGLE SURETY AGENCY INC is in good standing as of the effective date of this document. Please note, this Letter of Good Standing expires on May 14, 2024.

The issuance of this Letter of Good Standing shall not bar any audits, investigations, assessments, refund or credits with respect to the taxpayer named above and is based only on a review of the tax returns and not on a physical audit of records.

Sincerely,

Catherine Mitchell, Assistant Director

Taxpayer Services Section

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