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(Requestor's Name)
(Address)
<u>-</u>
(Address)
- (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
-
(Business Entity Name)

(Document Number)
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CT CORP

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(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

06/19/2024

Da	ate:	06/19/2024	- will
		Acc#I20160000072	4. () = W
Name:	LLOYD'S AN	MERICA, INC.	
Document #:			
Order #:	15622474		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	78.75	

Thank you!

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CT: Lloyd's America, Inc.			
50000	Name of	corporation -	must include suffix	
Dear Sir	or Madam:			
"Certific	osed "Application by Foreign Corp ate of Existence," or "Certificate of ferenced foreign corporation to tra	f Good Standi	ng" and check are submitte	
Please re	turn all correspondence concerning	g this matter t	o the following:	
Timothy	W. Grant			
		Name of Po	erson	
Lloyd's A	america, Inc.			
		Firm/Comp	any	
280 Park	Avenue, East Tower, 25th Floor			
		Addres	S	
New Yor	k, NY 10017			
····	···	City/State and	l Zip code	
timothy.g	grant@lloyds.com			
	E-mail address:	(to be used fo	r future annual report notif	ication)
For furth	ner information concerning this ma	tter, please ca	II:	
Timothy	W. Grant	212) 478-7069 Daytime Telephone	
	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 ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please ma	I is a check for the following amounts the check payable to: FLORIDA DE 10 Filing Fee	PARTMENT (Fec & \Box		\$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.	Lloyd's America, Inc.				
		orporation; must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	" "COMPAN	Y." "CORPORATION."	•
	•	able in Florida, enter alternate corporate name	adopted for th	ne purpose of transacting	business in Florida)
2.	New York	3.		···	
			(FEI number, if applicable)		
4.	12/23/1996	5.	Perpetual		
•	(Date of incorporation)		(Da	(Date of duration, if other than perpetual)	
6.	09/10/2020 to 04/28/2023 when applicant was previously registered to transact business in Florida				
7.	·	,		etermine penalty liability)
	280 Park Avenue	. 25th Floor, New York, NY 10017			
		(Current mailin	ng address, if	different)	
8.	Name and stree	et address of Florida registered agent: (P.C C T Corporation System	D. Box <u>NOT</u>	_acceptable)	2029 JUN
О	ffice Address:	1200 South Pine Island Road			19
		Plantation	FL	33324	2
		(City)		(Zip code)	₹ 2
o	Dogietared age	ontic accontances			

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.

By: Stephanie Hencz / Assistant Secretary

(Registered agent's signature)

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	Marc Lipman Name:	□ Chairman	Sabrina A. Miesowitz Name:	
	Royal Bank Plaza South Tower		280 Park Avenue	
□Vice Chairman	Address: 200 Bay Street, Suite 2930	□ Vice Chairman	Address: East Tower, 25th Floor	
■Director	P.O. Box 51 Toronto, Ontario M5J 2J2	■Director	New York, NY 10017	
■President		□President	New York, NY 10017	
□ Vice President	Canada	□Vice President		
☐ Secretary	□Treasurer	■ Secretary	Treasurer	
□Other	Other	□Other	☐ Other	
□Chairman	Name: William M. Wallace	□Chairman	Name:	
□Vice Chairman	200 W Main St	□Vice Chairman	Address: 280 Park Avenue	
	Address:Frankfort, KY 40601		East Tower, 25th Floor	
Director		□Director	New York, NY 10017	
□President		□President		
□Vice President		□Vice President		
☐ Secretary		☐ Secretary	☐ Treasurer	
Other	□Other	■Other Assist. Se	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	
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep			
14.	Signature of Dire	ctor or Officer		
she is aware that f s.817,155, F.S. Timothy W	ector signing this document (and who is listed in n also information submitted in a document to the E Grant, Associate General Counsel & Assistant	Department of State constitu	at the facts stated herein are true and that he or ites a third degree felony as provided for in	
13	Chang I moveme General Counsel to Assistant			

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

F1.019 -12/16/2021 Wolters Kluwer Online

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: LLOYD'S AMERICA, INC.

DOS ID Number: 2095358

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 12/23/1996
Effective Date: 01/01/1997
Statement Status: CURRENT

Statement Due Date: 12/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 06, 2024 at 04:37 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hegles

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100005869153 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov