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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (514)573-3996

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DIVISION OF CORPORATIONS
24 AUG 14 PM 4:39

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: compliance@boonchapman.com

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FOREIGN PROFIT/NONPROFIT CORPORATION

Boon Chapman Administrators

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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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. Boon Chapinam Administrators, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 92-1610068
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/22/2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9401 Amberglenn Blvd, Building 1, Suite 100, Austin, TX 78729
(Principal office street address)

P.O. Box 9201, Austin, TX 78766
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

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.

C T Corporation System
By: James Martin James Martin - 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):

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A. DIRECTORS

☐ Chairman Name: Nyle J. Leftwich
☐ Vice Chairman Address: 9401 Amberglen Blvd Bldg 1 Ste 100
Austin, TX 78729
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Carrie L. Mabrito
☐ Vice Chairman Address: 9401 Amberglen Blvd Bldg 1 Suite 100
Austin, TX 78729
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Matt Durham
☐ Vice Chairman Address: 9401 Amberglen Blvd Bldg 1 Ste 100
Austin, TX 78729
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other CFO ☐ Other _____

☐ Chairman Name: Mark Daniel Grinnan
☐ Vice Chairman Address: 9401 Amberglen Blvd Bldg 1 Ste 100
Austin, TX 78729
☒ Director _____
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Steven C. Burns
☐ Vice Chairman Address: 9401 Amberglen Blvd Bldg 1 Ste 100
Austin, TX 78729
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: James Matthew Johnson
☐ Vice Chairman Address: 9401 Amberglen Blvd Bldg 1 Ste 100
Austin, TX 78729
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other General Counsel ☒ Other Chief Compliance Officer

Important Notice: Use as attachment to report more than six (6). The attachment will be tagged for reporting purposes only. Non-indirect individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Carrie Mabrito
 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 she or he is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

13. CARRIE MABRITO, PRESIDENT

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

Attachment for Officer's, Director's & Manager's: - Boon Chapman Administrators, Inc.

Address for Officer's and Director's	9401 Amberglenn Blvd, Building I, Suite 100, Austin, TX 78729
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Sharon Beth Cunninghis	Director
Peter Joseph Mace	Director

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Boon-Chapman Administrators, Inc. (file number 804868574), a Domestic For-Profit Corporation, was filed in this office on December 22, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 25, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State