

F24000006243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

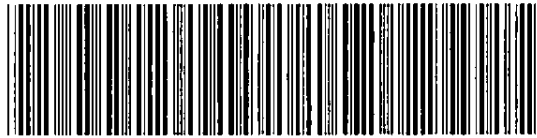
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W24-157540

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APPROVED
AND
FILED
2024 DEC 10 PM 3:51
CLERK OF SUPERIOR COURT
JANUARY 10

RECEIVED
2024 NOV 26 PM 2:59
SEC. 1
TAC. 1

DEC 10 2024
K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2024

MEENAN LAW FIRM
P.O. BOX 11247
TALLAHASSEE, FL 32302

SUBJECT: EMERALD BAY SPECIALTY INSURANCE COMPANY
Ref. Number: W24000157540

We have received your document for EMERALD BAY SPECIALTY INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 424A00025906

2024 DEC 10 AM 9:15



December 9, 2024

Via Hand-Delivery

New Filing Section
Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Re: Emerald Bay Specialty Insurance Company
Application for Articles of Incorporation
Doc. No.: W24000157540**

Dear sir or madam,

Enclosed, please find a corrected Application for Articles of Incorporation on behalf of Emerald Bay Specialty Insurance Company, including the required Certificate of Good Standing from the entity's state of domicile.

Should you have any questions or require anything additional, please do not hesitate to contact our office. Thank you in advance for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Meredith A. Lanford".

Meredith A. Lanford, RP, FRP
Paralegal to the Firm
meredith@meenanlawfirm.com

/mal
Enclosures



**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. Emerld Bay Specialty Insurance Company
(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. Arizona 3. 93-3744527
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/04/2023 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 177 Madison Avenue, Suite 1004, Morriston, NJ 07690
(Principal office street address)
- same as above
(Current mailing address, if different)

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

Name: Chief Financial Officer of the State of Florida

Office Address: 200 E. Gaines Street

Tallahassee, Florida 32399
(City) (Zip code)

APPROVED
AND
FILED
2024 DEC 10 PM 3:51
TALLAHASSEE, FLORIDA
CLERK OF THE STATE

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.

(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 Name: David Ingrey
☐ Vice Chairman Address: 177 Madison Avenue
☒ Director Suite 1004
☒ President Morristown, NJ 07690
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Miles Allkins
☐ Vice Chairman Address: 177 Madison Avenue
☒ Director Suite 1004
☐ President Morristown, NJ 07690
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Risk Office ☐ Other _____

☐ Chairman Name: Kris Hill
☐ Vice Chairman Address: 177 Madison Avenue
☐ Director Suite 1004
☐ President Morristown, NJ 07690
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Emily Miner
☐ Vice Chairman Address: 177 Madison Avenue
☐ Director Suite 1004
☐ President Morristown, NJ 07690
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Matthew Popoli
☐ Vice Chairman Address: 200 Clarendon Street, Floor 41
☒ Director Boston, MA 02116
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jack Sun
☐ Vice Chairman Address: 200 Clarendon Street, Floor 41
☒ Director Boston, MA 02116
☐ President _____
☐ Vice President _____
☐ 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 individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Emily B. Miner
BAEF159180DF8445

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.

13. Emily Miner, Secretary

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

Emerald Bay Specialty Insurance Company
Directors, cont.

Keith Roux
200 Clarendon St., FL 41
Boston, MA 02116

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:

EMERALD BAY SPECIALTY INSURANCE COMPANY

ACC file number: 23590668

was incorporated under the laws of the State of Arizona on 10/04/2023;

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, I have hereunto set my hand, affixed the official seal of the
Arizona Corporation Commission, and issued this Certificate on this date: 12/06/2024



A handwritten signature in cursive script, reading "Douglas R. Clark".

Douglas R. Clark, Executive Director