F99000005814

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: First Assured Warranty Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

900003040299--5
-11/09/99--01087--010
*****87.50 *****87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dorinda R. Watford
(Name of Person)

Robert E. Dungan, PA
(Firm/Company)

33 Page Ave., Suite 200
(Address)

Asheville, NC 28801
(City/State/Zip)

Dorinda Watford GAVE AUTHORIZATION BY PHONE TO CORRECT date 1st transacted
DATE 11-10-99 balance in fl
DOC. EXAM. DB

Should you need to call someone concerning this matter, please call:

Dorinda Watford at (828) 254-4778 Ext. 17
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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99 NOV -9 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☒ $87.50 Filing Fee, Certificate of Status & Certified Copy

DB 11-10-99

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. First Assured Warranty Corporation
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Colorado
(State or country under the law of which it is incorporated)

3. 84-1366869
(FEI number, if applicable)

4. 12-3-96
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Not Applicable - upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5600 S. Quebec St. 300-B
Greenwood Village, Colorado 80111
(Current mailing address)

8. Motor Vehicle Service Company / Extended Warranties for Motor Vehicles
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd.
Plantation (Broward County), Florida, 33324
(Zip code)

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10. **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.

JENNIFER FAULTMAN
ASSISTANT SECRETARY
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See Attached List

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: See Attached List

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____, Secretary
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert E. Dungan, Secretary
(Typed or printed name and capacity of person signing application)

OFFICER AND/OR DIRECTOR INFORMATION

NAME: Nancy C. Holden
SSN: 010-58-0139
TITLE: Director
BUSINESS ADDRESS: 5600 South Quebec, Suite 300B
CITY: Greenwood Village
STATE: Colorado
ZIP: 80111
COUNTY: Arapahoe

NAME: Joshua Howell
SSN: 592-28-5755
TITLE: President/CEO/Director
BUSINESS ADDRESS: 5600 South Quebec, Suite 300B
CITY: Greenwood Village
STATE: Colorado
ZIP: 80111
COUNTY: Arapahoe

NAME: Robert E. Dungan
SSN: 408-78-6772
TITLE: Secretary/Director
BUSINESS ADDRESS: 33 Page Ave., Suite 200
CITY: Asheville
STATE: North Carolina
ZIP: 28801
COUNTY: Buncombe

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TALLAHASSEE, FLORIDA

STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, DONETTA DAVIDSON, SECRETARY OF STATE OF THE STATE OF COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

FIRST ASSURED WARRANTY CORPORATION
(COLORADO CORPORATION)

FILE # 19961156287 WAS FILED IN THIS OFFICE ON December 03, 1996 AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: October 21, 1999

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99 NOV -9 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Donetta Davidson

SECRETARY OF STATE