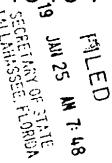
# 119000000879

(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400323013154



10 JAH 25 PH 4: 10

O 77777NG

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 602456 7894067

AUTHORIZATION : Squell

COST LIMIT : \$\frac{1}{2}5\frac{1}{2}5\frac{1}{2}00

ORDER DATE: January 25, 2019

ORDER TIME : 1:21 PM

ORDER NO. : 602456-020

CUSTOMER NO: 7894067

#### FOREIGN FILINGS

NAME: MATTAMY HOMES PROPERTY INSURANCE AGENCY LLC

--- -- <del>------</del>

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

TO:	Registration Section Division of Corporation	ons			
SURT	Mattamy Homes P	roperty Insurance Agency L	LC		
0000			Limited Liability	Company	
The er Existe:	nclosed "Application by Fo	oreign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ition to Tr ted liabilit	ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please	return all correspondence	concerning this matter to the	e following:		
	• <del></del>		lame of Person	·	<del></del>
		F	irm/Company	<u> </u>	
			A 2 1		<del></del>
			Address		
		City/S	State and Zip Code		
		E-mail address: (to be use	d for future annual	report no	tification)
For fu	rther information concerning	ng this matter, please call:			
	<del> </del>		at (	_)	ytime Telephone Number
	Name	of Contact Person	Area Code	Day	rtime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327			Division	F ADDRESS: of Corporations ion Section Building
	Tallahassee, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301
los	ed is a check for the follow	ving amount:			
	□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delawate    Delawate	name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Lial	bility Company," "L.L.C," or "LLC.")	
(Place for transacted baseless at Blands, dipens to registerions)  (Stee certifica 401,0001 & rols 0003, F.S. in determore penalty liability)  4901 Vineland Road  (Stee certifica 401,0001 & rols 0003, F.S. in determore penalty liability)  4901 Vineland Road  (Stee certifica 401,0001 & rols 0003, F.S. in determore penalty liability)  4901 Vineland Road  (Stee at Adviews of Principal Office)  Suite 450  Orlando, F.L. 32811  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  1201 Hays Street  Tallahassee  Florida 32301  (One oste)  (One oste)  (One)  (One oste)  (One)  (One oste)  (One)  (One oste)  (One	Delaware		3 83-3253462		
4901 Vineland Road  (Steet Address of Principal (Principal Orlando, FL 32811)  Orlando, FL 32811  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  (Co.)  Tallahassee  (C		nich foreign limited liability company is organized)			
4901 Vineland Road  (Steet Address)  Grando, FL 32811  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  Tallahassee  (Co.)  (Co.)					
Suite 450  Orlando, FL 32811  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: I201 Hays Street  Tallahassee Florida 32301  Geodes  Geography with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar of a accept the obligations of my porition as registered agent; in factor of the statutes of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name		(Date first transacted business in Florida, if prior to i (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) ne penalty liability)	·	
Suite 450 Orlando, FL 32811  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee Florida 32301  (Cop. 1)  Tallahassee Florida 32301  (Cop. 2)  In this application, I hereby accept the appnintment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the abligations of my position as registered agent. Corporation Service for meany  By: Emily Croft  Registered agent's agent's update agent and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address:  Title or Capacity: Name and Address:  Title or Capacity: Name and Address:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name a	4901 Vineland Road		6. 4901 Vincland Road		
Orlando, FL 32811  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee Florida 32301  (Cop.)  (Co		rincipal Office)		(60)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  Tallahassee  (Cop)  (Cop	<del> </del>		-	<del></del>	
Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee	Orlando, FL 32811		Orlando, FL 32811		
Office Address:  Tallahassee  Tallahasses  Tallahassee  Tallahassee  Tallahassee  Tallahassee  Tallahasses  Tallahassee  T	Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Tallahassee  Talla	Name:	Corporation Service Company		등 기가	
gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the programen of the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  Corporation Service formany  Corporation Service formany  Emily Croft  Asst. Vice President  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  See attached list  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information united in a document to the Department of State constitutes a third degree felowy as provided for in a \$12,155. F.S.	Office Address:	1201 Hays Street	····		
registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at the psignated in this application, I hereby accept the appnintment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar is decept the obligations of my position as registered agent.  Corporation Service Combany  Emily Croft  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  See attached list  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information under the law of which it is organized.		Tallahassee	Florida 32301	<b>岩</b> 岩 与	
wing been named as registered agent and to accept service of process for the above stated limited liability company at the psignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ad accept the obligations of my position as registered agent.  Corporation Service Company  Emily Croft  Asst. Vice President  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  See attached list  Asst. vice President  Title or Capacity:  Name and Address:  Name and Address:  See attached list  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information united in a document to the Department of State constitutes a third degree follows as provided for in a SAT 155. E.S.		(Cny)	(Zip code	<del>,,</del> ,, oc	
See attached list  See attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information unitted in a document to the Department of State constitutes a third degree fellows as provided for in a \$17,155. E.S.	d accept the obligations	s of my position as registered agent.  Corporation Service Company  By:	Emily Croft		
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information position in a document to the Department of State constitutes a third degree follow as provided for its \$17.155. E.S.	The name, title or capa	cof my position as registered agent.  Corporation Service Company  By:  (Registered agent's secity and address of the person(s) who ha	Emily Croft Asst. Vice Preside s/have authority to manage is/are:	••••	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted).  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information profitted in a document to the Department of State constitutes a third degree fellow as provided for its \$17,155. F.S.	The name, title or capa Title or Capacity:	cof my position as registered agent.  Corporation Service Company  By:  (Registered agent's secity and address of the person(s) who ha	Emily Croft Asst. Vice Preside s/have authority to manage is/are:	••••	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted).  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information printed in a document to the Department of State constitutes a third degree follow as provided for its \$17.155. F.S.	The name, title or capa Title or Capacity:	cof my position as registered agent.  Corporation Service Company  By:  (Registered agent's secity and address of the person(s) who ha	Emily Croft Asst. Vice Preside s/have authority to manage is/are:	••••	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information unitted in a document to the Department of State constitutes a third degree fellow as provided for in a \$17,155. E.S.	The name, title or capa Title or Capacity:	cof my position as registered agent.  Corporation Service Company  By:  (Registered agent's secity and address of the person(s) who ha	Emily Croft Asst. Vice Preside s/have authority to manage is/are:	••••	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information unitted in a document to the Department of State constitutes a third degree fellow as provided for in a \$17,155. E.S.	The name, title or capa Title or Capacity:	cof my position as registered agent.  Corporation Service Company  By:  (Registered agent's secity and address of the person(s) who ha	Emily Croft  Asst. Vice Preside  s/have authority to manage is/are:	••••	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information updated in a document to the Department of State constitutes a third degree fellow as provided for in a \$17,155. E.S.	The name, title or capa Title or Capacity:	cof my position as registered agent.  Corporation Service Company  By:  (Registered agent's secity and address of the person(s) who ha	Emily Croft  Asst. Vice Preside  s/have authority to manage is/are:	••••	
isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information position in a document to the Department of State constitutes a third degree fellow as provided for in a \$17,155. E.S.	The name, title or capa Title or Capacity:  See attached list	Corporation as registered agent. Corporation Service Company By:  (Registered agent's service) and address of the person(s) who has Name and Address:	Emily Croft  Asst. Vice Preside  s/have authority to manage is/are:	••••	
mitted in a document to the Department of State constitutes a third degree felony as provided for in \$ \$17.155. F.S.	The name, title or capa Title or Capacity:  See attached list	Sof my position as registered agent.  Corporation Service Company By:  (Registered agent's service)  (Registered agent's servi	Emily Croft  Asst. Vice Preside s/have authority to manage is/are: Title or Capacity:	Name and Address:	
Signature of an authorized person	The name, title or capa Title or Capacity:  See attached list  ise attachments if necess Attached is a certificate isdiction under the law of	Sof my position as registered agent. Corporation Service Company By:  (Registered agent's service)  (Address:  Sary)  of existence, no more than 90 days old, confirm which it is organized. (If the certificate	Emily Croft  Asst. Vice Preside s/have authority to manage is/are: Title or Capacity:	Name and Address:	
Signature of an authorized person	The name, title or capa Title or Capacity:  See attached list  ise attachments if necess Attached is a certificate is diction under the law of the translator must be sufficiently the sufficient of the translator must be sufficiently the sufficient of the sufficient of the translator must be sufficiently the sufficient of the sufficien	sof my position as registered agent. Corporation Service Company By:  (Registered agent's service)  (Registered agent's servic	Emily Croft  Asst. Vice Preside s/have authority to manage is/are:  Title or Capacity:  huly authenticated by the official havis in a foreign language, a translati  (1) (b), Florida Statutes, I am aware	ving custody of records in on of the certificate under	
	The name, title or capa Title or Capacity:  See attached list  ise attachments if necess Attached is a certificate is diction under the law of the translator must be sufficiently the sufficient of the translator must be sufficiently the sufficient of the sufficient of the translator must be sufficiently the sufficient of the sufficien	sof my position as registered agent. Corporation Service Company By:  the gistered agent's service agent's service and address of the person(s) who has a Name and Address:  sary)  of existence, no more than 90 days old, continued it is organized. (If the certificate abunited)  atted in accordance with section 605.0203 the Department of State constitutes a thin	Emily Croft  Asst. Vice Preside s/have authority to manage is/are:  Title or Capacity:  huly authenticated by the official havis in a foreign language, a translation of the degree follows as provided for in second degree follows.	ving custody of records in on of the certificate under that any false information	
	The name, title or capa Title or Capacity:  See attached list  Jse attachments if necess Attached is a certificate risdiction under the law of the translator must be sure. This document is executed.	sof my position as registered agent. Corporation Service Company By:  the gistered agent's service agent's service and address of the person(s) who has a Name and Address:  sary)  of existence, no more than 90 days old, continued it is organized. (If the certificate abunited)  atted in accordance with section 605.0203 the Department of State constitutes a thin	Emily Croft  Asst. Vice Preside s/have authority to manage is/are:  Title or Capacity:  huly authenticated by the official havis in a foreign language, a translation of the degree follows as provided for in second degree follows.	ving custody of records in on of the certificate under	

Attachment to Application by Mattamy Homes Property Insurance Agency LLC, a Delaware limited liability company, for Authorization to Transact Business in Florida

Question No. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Name</u>	<u>Title</u>	<u>Address</u>
Peter G. Skelly	Director and President	4901 Vineland Road Suite 450 Orlando, FL 32811
Harry R. Miller	Director and Vice President	4901 Vineland Road Suite 450 Orlando, FL 32811
Leslie C. Candes	Director and Vice President	4901 Vineland Road Suite 450 Orlando, FL 32811
David Koon	Director and Vice President	1900 Summit Tower Blvd. Suite 500 Orlando, FL 32810
Robert A. Harris IV	Secretary	5335 Wisconsin Avenue, NW Suite 440 Washington, DC 20015

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MATTAMY HOMES PROPERTY INSURANCE AGENCY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATTAMY HOMES PROPERTY INSURANCE AGENCY LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202145204

Date: 01-25-19

7247413 8300

SR# 20190502659