P20208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 25 PM 5:11

C GOLDEN
MAR 26 2020

WESTMONT
ASSOCIATES, INC.

VIA OVERNIGHT MAIL

March 24, 2020

Ms. Claretha Golden
Florida Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Digital Affect Insurance Company (fka Axa Art Insurance Corporation)
Reference #P20208
Date of Name Change: January 14, 2019

Dear Ms. Golden:

Please refer to the enclosed certificate of Good Standing from the New York Department of Financial Services which provides the history of the company's name changes. Please note that the company's name was changed from Axa Art Insurance Corporation to Digital Affect Insurance company effective January 14, 2019.

Should you have any questions or require further information, please contact me at (856) 216-0220 or by email at angel@westmontlaw.com. Thank you for your attention.

Sincerely,

Angelique Goudeaux

Angelique Goudeaux
Project Manager
Company Licensing

Enc.

WESTMONT
ASSOCIATES, INC.

VIA OVERNIGHT MAIL

March 6, 2020

Ms. Claretha Golden
Florida Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: **Digital Affect Insurance Company (fka Axa Art Insurance Corporation)**

Dear Ms. Golden:

Please see the attached certified charter in support of the Florida document attached. Should you have any questions or require further information, please contact me at (856) 216-0220 or by email at angel@westmontlaw.com. Thank you for your attention.

Sincerely,

Angelique Goudeaux
Project Manager
Company Licensing
Enc.

cc: N. Stepanski

WESTMONT
ASSOCIATES, INC.

VIA OVERNIGHT MAIL

December 20, 2019

Registation Section
Division of Corporations
The Centre of Tallahassee
2415 North Montro Street, Suite 810
Tallahassee, FL 32303

RE: Name Change Document #P20208
Axa Art Insurance Corporation to Digital Affect Insurance Company

Dear Sir/Madam:

Enclosed please find the following in order to change the name of Axa Art Insurance Corporation to Digital Affect Insurance Company:

- **fee of $35;**
- **form to change name of a profit corporation; and**
- **certificate of compliance in the new name of the company.**

Let me know if you need anything else.

Sincerely,

Angelique Goudeaux
Project Manager
856-216-0220
ANGEL@WESTMONTLAW.COM
Enc.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2020

WESTMONT ASSOCIATES, INC.
1763 MARLTON PIKE EAST
SUITE 200
CHERRY HILL, NJ 08003

SUBJECT: AXA ART INSURANCE CORPORATION
Ref. Number: P20208

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

You will need to submit a certificate or document evidencing the name change and the date of the name change.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 720A00005625

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2020

WESTMONT ASSOCIATES INC.
1763 MARLTON PIKE EAST
SUITE 200
CHERRY HILL, NJ 08003

SUBJECT: AXA ART INSURANCE CORPORATION
Ref. Number: P20208

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 920A00001798

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

2020 JUL 25 PM 6:11

SECTION I
(1-3 MUST BE COMPLETED)

P20208

(Document number of corporation (if known)

1. Axa Art Insurance Corporation

(Name of corporation as it appears on the records of the Department of State)

2. New York
(Incorporated under laws of)

3. 07/26/1988
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 14, 2019

5. Digital Affect Insurance Company

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

Not Applicable

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

6. If the amendment changes the period of duration, indicate new period of duration.

Not Applicable
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Not Applicable
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

David G. Boyne
(Typed or printed name of person signing)

President
(Title of person signing)

Certificate of Good Standing

STATE OF NEW YORK

DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that

DIGITAL AFFECT INSURANCE COMPANY

of New York, New York

was incorporated under the Laws of the State of New York on September 17, 1986, under the title of NORDSTERN INSURANCE COMPANY OF AMERICA and was licensed to transact insurance business in the State of New York on February 09,1987 under the title of NORDSTERN INSURANCE COMPANY OF AMERICA;

that it changed its name to AXA NORDSTERN ART INSURANCE CORP. on October 30, 1998;
that it changed its name to AXA ART INSURANCE CORPORATION on April 2, 2001.
that it changed its name to DIGITAL AFFECT INSURANCE COMPANY on January 14, 2019.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine and marine protectior and indemnity insurance as specified in the paragraph(s) 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), and has been continuously licensed and remains in good standing to the date of this certificate.

*** INVALID WITHOUT OFFICIAL SEAL ***

STATE OF NEW YORK

DEPARTMENT OF FINANCIAL SERVICES

In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at the City of Albany, New York, this 24th day of March, 2020

LINDA A. LACEWELL

Superintendent

By

Special Deputy Superintendent