

P35007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

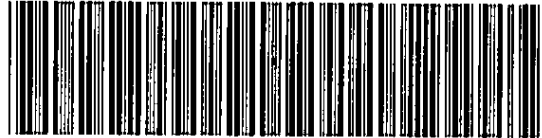
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/22/22--01003--011 **35.00

FILED

2022 FEB 22 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FL

cf 2/25/2022

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CorePointe Insurance Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: P35007

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felicia Daye

Name of Contact Person

AmTrust Financial Services, Inc.

Firm/Company

800 Superior Ave E, 21st Floor

Address

Cleveland, OH 44114

City/State and Zip Code

regulatorycompliance@amtrustgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felicia Daye

Name of Contact Person

at (216) 901-8551

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



CorePointe Insurance Company
An AmTrust Financial Company

Felicia Daye
Compliance Specialist II
Direct: 216-901-8551
Fax: 216-328-6447
Email: regulatorycompliance@amtrustgroup.com

Via: FedEx

February 21, 2022

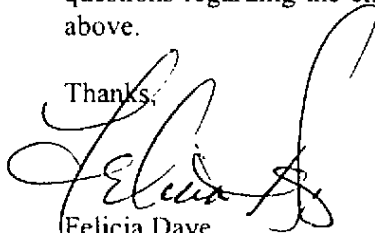
Division of Corporation
Amendment Section
245 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: CorePointe Insurance Agency, Inc. – Amendment Application

Hello,

Enclosed you will find the Amendment Application for the above referenced company. I have also enclosed check# 202066, , in the amount of \$35.00 for the application fee. If you have any questions regarding the enclosed documents, please contact me at the contact information listed above.

Thanks,


Felicia Daye
Compliance Specialist II

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.)

SECTION I
(1-3 MUST BE COMPLETED)

P35007

(Document number of corporation (if known))

1. CorePointe Insurance Agency, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Michigan 3. 08/08/1991
(Incorporated under laws of) (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? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (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.

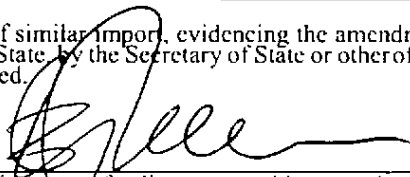
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
Delaware
(New jurisdiction)
8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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2022 FEB 22 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FL

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treasure	Harry Schlachter	59 Maiden Lane, 43rd Floor	<input type="checkbox"/> Add
		New York, New York 10038	<input checked="" type="checkbox"/> Remove
Director	Harry Schlachter	59 Maiden Lane, 43rd Floor	<input type="checkbox"/> Add
		New York, NY 10038	<input checked="" type="checkbox"/> Remove
Treasure	Ellen Dion	59 Maiden Lane, 43rd Floor	<input checked="" type="checkbox"/> Add
		New York, New York 10038	<input type="checkbox"/> Remove
Director	Ellen Dion	59 Maiden Lane, 43rd Floor	<input checked="" type="checkbox"/> Add
		New York, New York 10038	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. 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)

BARRY MOSES

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE \$35.00


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION
OF A MICHIGAN CORPORATION "COREPOINTE INSURANCE AGENCY, INC."
TO A DELAWARE CORPORATION "COREPOINTE INSURANCE AGENCY, INC.",
WAS FILED IN THIS OFFICE ON THE TENTH DAY OF DECEMBER, A.D.
2019, AT 2:45 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "COREPOINTE INSURANCE AGENCY, INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF CONVERSION, FILED THE TENTH DAY OF DECEMBER, A.D. 2019, AT 2:45 O'CLOCK P.M.

CERTIFICATE OF INCORPORATION, FILED THE TENTH DAY OF DECEMBER, A.D. 2019, AT 2:45 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "COREPOINTE INSURANCE AGENCY, INC.".



7746265 8100H
SR# 20213955302

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204862090
Date: 12-03-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:44 PM 12/10/2019
FILED 02:45 PM 12/10/2019
SR 20198547360 - File Number 7746265

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE CORPORATION
TO A DELAWARE CORPORATION
PURSUANT TO SECTION 265 OF THE
DELAWARE GENERAL CORPORATION LAW

- 1.) The jurisdiction where the Non-Delaware Corporation first formed is Michigan.
- 2.) The jurisdiction immediately prior to filing this Certificate is Michigan.
- 3.) The date the Non-Delaware Corporation first formed is 07/30/1990.
- 4.) The name of the Non-Delaware Corporation immediately prior to filing this Certificate is CorePointe Insurance Agency, Inc..
- 5.) The name of the Corporation as set forth in the Certificate of Incorporation is CorePointe Insurance Agency, Inc..

IN WITNESS WHEREOF, the undersigned being duly authorized to sign on behalf of the converting Non-Delaware Corporation have executed this Certificate on the 21st day of November, A.D. 2019.

By: 

Name: Janie V. Clark
Print or Type

Title: Assistant Secretary

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:44 PM 12/10/2019
FILED 02:45 PM 12/10/2019
SR 20198547360 - File Number 7746265

STATE of DELAWARE
CERTIFICATE of INCORPORATION
A STOCK CORPORATION

• **First:** The name of this Corporation is CorePointe Insurance Agency, Inc.

• **Second:** Its registered office in the State of Delaware is to be located at
251 Little Falls Drive Street, in the City of Wilmington
County of New Castle Zip Code 19808

The registered agent in charge thereof is Corporation Service Company

Third: The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

• **Fourth:** The amount of the total stock of this corporation is authorized to issue is
100 shares (number of authorized shares) with a par value of
10.00 per share.

• **Fifth:** The name and mailing address of the incorporator are as follows:

Name Janie V. Clark

Mailing Address 800 Superior Avenue, 21st FL,
44114 Zip Code 44114

• **I, The Undersigned,** for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated are true, and I have accordingly hereunto set my hand this
21st day of November, A.D. 2019

BY: 
(Incorporator)

NAME: Janie V. Clark
(type or print)