Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310 00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

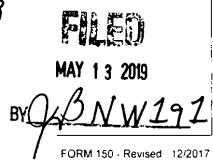
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1. The name of the corporation is:						
EGV Companies, Inc.						
2. It is incorporated under the laws of: Delaware						
3. The name, if different, which it elects to use in Rh	ode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:						
•						
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
4 The date of its incorporation is 04/24/2013						
And the period of its duration is: CHECK ONE BOX	CONLY					
✓ Perpetual (on-going)						
Date certain for dissolution						
5 The address of its principal office is:						
50 N Laura Street, #2500 Jacksonville, FL 32202						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name CT Corporation System						
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A						
City/Town East Providence	State RHODE ISLAND	Zip Code 02914				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:03



7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Third party administration company						
· -						
8 (a) The names and re	enective addr	esses of its directors (ontional unless	s directors are required under the laws of the		
state or country of which			Optional, amost			
NAME		ADDRESS				
Brian Fox		50 N Laura Street, #2500 Jacksonville, FL 32202				
Patrick O'Brien		50 N Laura Street, #2500 Jacksonville, FL 32202				
		 				
		<u> </u>		Check the box to indicate an attachment		
			fficers (mandat	ory if directors are not required under the laws		
of the state or country of	f which it is inc			ADDRESS		
OFFICE	 	NAME		ADDRESS		
PRESIDENT	Patrick O'Br	ien	50 N Laura	Street, #2500 Jacksonville, FL 32202		
VICE PRESIDENT	Brian Fox		50 N Laura	Street, #2500 Jacksonville, FL 32202		
TREASURER						
SECRETARY						
 -	<u> </u>			Check the box to indicate an attachment		
			issue; itemized	d by classes, par value of shares, shares without		
par value, and series, if	any, within a c		SERIES	PAR VALUE OR STATE NO PAR VALUE		
10000	common	_	OL. IIIC	\$1.00		
<u> </u>						
l — <u> </u>						
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be						
located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)						
0 %	1					
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)						
%	,					

12. This application must be accompanied by a Certificate of G formation dated within 60 days of the date of this filing.	Good Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	ECK ONE BOX ONLY
✓ Date received (Upon filing)☐ Later effective date (Date must be no more than 90 days f	from the date of filing)
Under penalty of perjury, I declare and affirm that I have exami accompanying attachments, and that all statements contained	
Type or Print Name of Authorized Officer Brian Fox	1Date 3/1/19
Signature of Authorized Officer of the Corporation	MENT HERE

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EGV COMPANIES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2019.

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Authentication: 202629784

Date: 04-11-19

5324156 8300 SR# 20192769798

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