

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AUTHORITY

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

ENSURIFY INSURANCE AGENCY, INC.

a **Foreign Profit Corporation**

has been duly formed under the laws of **Massachusetts** and has filed an application meeting the requirements of Georgia law to transact business as a **Foreign Profit Corporation** in this state.

WHEREFORE, by the authority vested in me as Secretary of State, the above **Foreign Profit Corporation** is hereby granted, on **07/10/2015**, a certificate of authority to transact business in the State of Georgia as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 09/17/2015



A handwritten signature in black ink, appearing to read 'B: P. Kemp'.

Brian P. Kemp
Secretary of State



OFFICE OF SECRETARY OF STATE
 CORPORATIONS DIVISION
 2 Martin Luther King Jr. Dr. SE
 Suite 313 West Tower
 Atlanta, Georgia 30334
 (404) 656-2817
 sos.georgia.gov/corporations

Brian P. Kemp
 Secretary of State

APPLICATION FOR CERTIFICATE OF AUTHORITY
 FOR FOREIGN CORPORATION

IMPORTANT
 Provide your e-mail address when completing this form.

E-Mail: Snejina@ensurify.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1.	Name of Corporation <u>Ensurify Insurance Agency, Inc.</u>	Name Reservation Number (Optional)
Date business commenced (or proposed to commence) in Georgia: <u>upon approval</u> <small>(NOTE: If the date provided here is more than 30 days prior to the date the application is received by the Secretary of State, a \$500 penalty must be paid. Penalty is statutory and cannot be waived by Secretary of State.)</small>		
2.	Name of Filing Person <u>Snezhina Zacharia</u>	Telephone Number <u>81-369-5695</u>
	Address <u>222 3rd St #4000</u>	City State Zip Code <u>Cambridge MA 02142</u>
3.	Principal Office Mailing Address (may be P.O. Box) <u>222 3rd St #4000</u>	City State Zip Code <u>Cambridge MA 02142</u>
4.	Corporation Process Company Name of Registered Agent in Georgia <u>2180 Satellite Blvd., Suite 400</u> Registered Office Street Address in Georgia (post office box or mail drop not acceptable for registered office address)	
	Duluth City	Gwinnett County
	GA State	30097 Zip Code
5.	Corporation's Name in State or Country of Incorporation (Must match name on certificate of existence) <u>Ensurify Insurance Agency, Inc.</u>	
Check ONE: <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NONPROFIT		Jurisdiction (Home State or Country): <u>MA</u>
		Date of Incorporation in Home Jurisdiction: <u>4/9/2015</u>
6.	Officer / CEO <u>Snezhina Zacharia</u>	Address <u>222 3rd St #4000</u>
		City State Zip Code <u>Cambridge MA 02142</u>
	Officer / CFO <u>Snezhina Zacharia</u>	Address <u>222 3rd St #4000</u>
		City State Zip Code <u>Cambridge MA 02142</u>
	Officer / Secretary <u>Snezhina Zacharia</u>	Address <u>222 3rd St #4000</u>
		City State Zip Code <u>Cambridge MA 02142</u>
7.	Effective Date: (Choose one) <input checked="" type="checkbox"/> Upon filing <input type="checkbox"/> Delayed effective date and/or time: _____ <small>(A delayed effective date must be within 90 days of the filing date.)</small>	
8.	NOTICE: Mail the following items to the Secretary of State at the above address. (1) This application; (2) An ORIGINAL certificate of existence or good standing, not more than 90 days old, certified by the home state or country. (Certificate from home state may not be more than 90 days old; copy of articles of incorporation from home state should NOT be submitted.); and (3) Filing fee of \$225.00 payable to "Secretary of State." Filing fees are non-refundable. (4) If applicable, a copy of the resolution of the board of directors, certified by corporation's secretary, adopting a fictitious or trade name.	
	Signature of Authorized Person <u>[Signature]</u>	Date <u>05.25.15</u>
	Print name <u>Snezhina Zacharia</u>	Title <u>President</u>

FORM 236
 (Rev. 4/2015)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: June 29, 2015

To Whom It May Concern :

I hereby certify that according to the records of this office,

ENSURIFY INSURANCE AGENCY, INC.

is a domestic corporation organized on April 09, 2015 , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth

Certificate Number: 15064032960

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: hma



**OFFICE OF
INSURANCE AND SAFETY FIRE COMMISSIONER**

RALPH T. HUDGENS
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR. DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056
www.oci.ga.gov

05/11/2015

Snezhina Zacharia
222 3rd Street
Suite 4000
Cambridge, MA 02142

RE: Ensurify Insurance Agency, Inc.

Dear Snezhina Zacharia:

We are in receipt of your letter, wherein a name approval was requested. The approval of this commission is hereby granted for use of the name:

Ensurify Insurance Agency, Inc.

This is not meant to imply that this name is available to you. That assurance can come only from the Secretary of State.

Sincerely,

Bruce Williamson

Bruce Williamson
Information Referral Specialist
Division of Insurance Financial Oversight
Department of Insurance

THE OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN,
SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF PROGRAMS OR SERVICES.