

F25000000672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

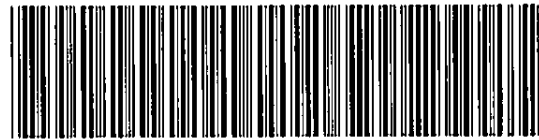
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Certified Copies _____ Certificates of Status _____

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RECEIVED
2025 FEB -3 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 FEB -3 AM 11:46



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 02/03/25
Order #: 1810061-3
Re: Nationwide Agent Risk Purchasing Group, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written in a cursive style.

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$70.0- FL State Account Number:
120000000195
Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Nationwide Agent Risk Purchasing Group, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Ohio 3. 47-1923444
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/10/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. November 5, 2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One West Nationwide Blvd., Columbus, Ohio 43215
(Principal office street address)

One West Nationwide Blvd., Columbus, Ohio 43215
(Current mailing address, if different)

8. 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
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Shauna Godbolt

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 FEB -3 AM 11:46

A. DIRECTORS

Chairman Name: Mark A. Berven
 Vice Chairman Address: One West Nationwide Blvd.
 Director Columbus, Ohio 43215
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Mark A. Berven
 Vice Chairman Address: One West Nationwide Blvd.
 Director Columbus, Ohio 43215
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

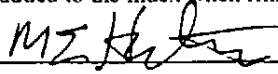
Chairman Name: Denise L. Skingle
 Vice Chairman Address: One West Nationwide Blvd.
 Director Columbus, Ohio 43215
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Oscar Guerrero
 Vice Chairman Address: One West Nationwide Blvd.
 Director Columbus, Ohio 43215
 President _____
 Vice President _____
 Secretary Treasurer
 Other Senior Vice Presic Other _____

Chairman Name: David A. Garman
 Vice Chairman Address: One West Nationwide Blvd.
 Director Columbus, Ohio 43215
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Mark E. Hartman
 Vice Chairman Address: One West Nationwide Blvd.
 Director Columbus, Ohio 43215
 President _____
 Vice President _____
 Secretary Treasurer
 Other Assistant Secretary Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Mark E. Hartman, Assistant Secretary
(Typed or printed name and capacity of person signing application) QUAL-99323

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NATIONWIDE AGENT RISK PURCHASING GROUP, INC., an Ohio corporation, Charter No. 2325654, having its principal location in Columbus, County of Franklin, was incorporated on September 10, 2014 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of February, A.D. 2025.

Frank J. Rose

Ohio Secretary of State

Validation Number: 202503402144