

**F18000003391**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

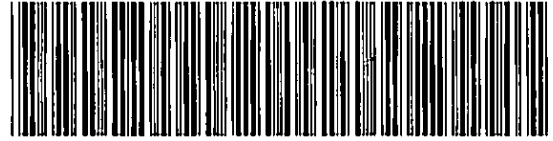
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700315752057

07/18/18--01031--006 \*\*78.75

2018 JUL 18 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

D. BRUCE  
JUL 25 2018



WESTMONT  
ASSOCIATES, INC.

July 12, 2018

*via UPS Delivery*

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

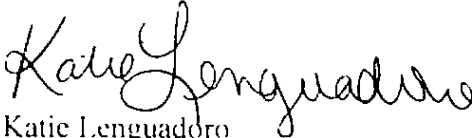
**Re: Westmont Insurance Services, Inc.  
Foreign Application for Certificate of Authority**

To Whom It May Concern:

Please consider the enclosed Foreign Application for Certificate of Authority in regard to Westmont Insurance Services, Inc. for your review and approval. Also enclosed is a certificate of good standing and a check in the amount of \$78.75 for the filing fee.

Thank you for your time and attention to this matter. Should you have any questions, please contact me at [katie@westmontlaw.com](mailto:katie@westmontlaw.com) or by phone at 856-216-0220.

Respectfully,

  
Katie Lenguadoro

**FILED**  
2018 JUL 30 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Westmont Insurance Services, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Katie Lenguadoro

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip code

logan@westmontlaw.com

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

For further information concerning this matter, please call:

Katie Lenguadoro                      856                      216-0220  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

**FILED**  
2010 JUL 5 8 PM 4: 42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

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

Westmont Insurance Services, Inc.

1. (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. Delaware 3. 22-3830032 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/28/2001 5. (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1763 Marlton Pike East, Suite 200, Cherry Hill, NJ 08003 (Principal office address)

(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 Hayes Street Tallahassee, Florida 32301 (City) (Zip code)

FILED 2010 JUL 08 PM 4:42 SECRETARY OF STATE TALLAHASSEE FLORIDA

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.

Holly Jones (Registered agent's signature) Holly Jones Assistant Vice President

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. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Please see attached.

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Please see attached.

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

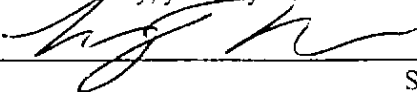
Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**FILED**  
2010 JUL 30 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Logan Marro, Vice President

(Typed or printed name and capacity of person signing application)

Westmont Insurance Services, Inc.

Officer & Director List

Name	Title	Business Address
Fredric Marro	President	1763 Marlton Pike East, Suite 200 Cherry Hill, NJ 08003
Nancy Stepanski	Vice President	1763 Marlton Pike East, Suite 200 Cherry Hill, NJ 08003
Liane Birchler	Secretary & Treasurer	1763 Marlton Pike East, Suite 200 Cherry Hill, NJ 08003
Logan Marro	Vice President	1763 Marlton Pike East, Suite 200 Cherry Hill, NJ 08003
Erin Burke	Assistant Vice President	1763 Marlton Pike East, Suite 200 Cherry Hill, NJ 08003

2010 JUL 09 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WESTMONT INSURANCE SERVICES, 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 NINTH DAY OF JULY, A.D. 2018.



  
Jeffrey W. Bullock, Secretary of State

3440795 8300

SR# 20185556636

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203030061

Date: 07-09-18