M21000016887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WESTMONT
ASSOCIATES, INC.

December 7, 2021 *via UPS delivery*

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

Re: Application for Certificate of Authority
Oyster Insurance Agency, LLC

To Whom It May Concern:

Please consider the included Application for Certificate of Authority regarding Oyster Insurance Agency, LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Oyster Insurance Agency, LLC.

Also included is Certificate of Good Standing from DE SOS and a check in the amount of $125 for the filing fee.

Thank you for your time and attention. Please contact me directly at 856-216-0220, or by email at beth@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Bethany Hill

Bethany Hill

1:W570 DEC 7, 2021 ACT WT 0.1 LBS #PK 1
SVC 2DA LTR BL WT ALL CURRENCY USD
TRACKING# 1Z11W5700264310432
2OYSTER
REF 2:

HC 0.00 CNS 0.00 FRT: SHP
SHIPMENT NR RATE CHARGES: COD 0.00 SVC 16.61 USD
CV 0.00 DGD 0.00 RS 0.00
DC 0.00 PR 0.00 ROD 0.00
AH 0.00 NR+HC 16.61
TOT NR CHG 16.61

THIS DOCUMENT IS NOT AN INVOICE.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Oyster Insurance Agency, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Beth Hill
Name of Person

Westmont Associates, Inc.
Firm/Company

1763 Marlton Pike E, Suite 200
Address

Cherry Hill, NJ 08003
City/State and Zip Code

beth@westmontlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Hill at (856) 216-0220
Name of Contact Person — Area Code — Daytime Telephone Number

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

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

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

■ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Oyster Insurance Agency, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-2595126
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 434 Noe St
(Street Address of Principal Office)
San Francisco, CA 94114

6. 434 Noe St
(Mailing Address)
San Francisco, CA 94114

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Kathy A. Butler, Asst. Sec.
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Oyster Technologies, Inc.	☐Manager	Name:
■Member	Address: 276 Fifth Ave, Ste 704	☐Member	Address:
☐Authorized	PMB 146, New York, NY 10001	☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Kuan-Hsuan Yeh

Signature of an authorized person

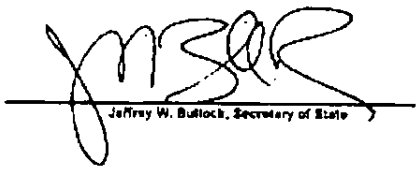
Kuan-Hsuan Yeh

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OYSTER INSURANCE AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.



6190659 8300

SR# 20213863168

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

Authentication: 204766609

Date: 11-22-21