# M24000008204

(Re	questor's Name)	
(Ad	dress)	<del>.</del>
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
_		





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05/21/24--01005--015 ++125.00

RECEIVED

Just 20 2024





June 17, 2024

via UPS Delivery

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

Attention: Secretary of State

Re: - Shorelight Insurance Services LLC
Application for Authorization

To Whom It May Concern:

Please consider the included Application for Authorization in regard to Shorelight Insurance Services LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Shorelight Insurance Services LLC.

Also enclosed are a certificate of good standing 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 <a href="mailto:chuck@westmontlaw.com">chuck@westmontlaw.com</a> should you have any questions or require any additional information.

Respectfully,

Chuck Markus

Chuck Markus

## COVER LETTER

, \_ )

то:	Registration Section Division of Corporations	
SUBJE	Shorelight Insurance Services L.	LC
1/1/1/1/1		Name of Limited Liability Company
		d Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning the	his matter to the following:
	Chuck Markus	
		Name of Person
	Westmont Associates, Inc.	
		Firm/Company
	1763 Marlton Pike East, Su	site 200
		Address
	Cherry Hill, NJ 08003	
		City/State and Zip Code
	chuck@westmontlaw.com	
	E-mail add	dress: (to be used for future annual report notification)
For fur	ther information concerning this matter	r, please call:
	Chuck Markus	856 216-0220 at ( )
	Name of Contact Pe	
	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
	<b>■</b> \$125.00 Filing Fee	g amount:  RIDA DEPARTMENT OF STATE  00 Filing Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ume unavailable, enter alteriute i	name adopted for the purpose of transacting business in F	lorida. The altern	ate name must include "Limited Liabs	dity Company," "L.L.C," o	r "1.1.C.")
Delaware			-3076173		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number,	if applicable)	_
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ) nine penalty habii	ity)		
2 Seaport Lane, Ste. 500 2 Sea		eaport Lane, Ste. 500			
et Address of Principal Office)		6	(Mailing Address)		
Boston, MA 02210		Bos	ton, MA 02210		
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Bo	—— x <u>NOT</u> acce	ptable)	<b>®</b> ≥ ≥	_
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Bo:  COGENCY GLOBAL INC.	x <u>NOT</u> acce	ptable)	SE TALLARS	
		N <u>NOT</u> acce	ptable)	SEALLAHASSEE,	. (
Name:	COGENCY GLOBAL INC.  115 N Calhoun St Suite 4  Tallahassee		32301	AN III	
Name:	COGENCY GLOBAL INC.  115 N Calhoun St Suite 4  Tallahassee			SSEE A	
Name: Office Address: egistered agent's acceptiving been named as resignated in this applications of the provise comply with the provise	COGENCY GLOBAL INC.  115 N Calhoun St Suite 4  Tallahassee  (Cny)	process for us registerea	32301 Florida (Zap code)  the above stated limited lial agent and agree to act in	ability company at this capacity. If u	the pla

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Thomas D. Dretler	■Manager	Name:
∃Member	Address: 2 Seaport Lane	□Member	Address: 2 Seaport Lane
□Authorized	Boston, MA 02210	□Authorized	Boston, MA 02210
Person		Person	
□Other	Other	Other	Other
■Manager	Johan de Muinck Keizer Name:	■Manager	Melissa Thompson
□Member	Address: 2 Seaport Lane	□Member	Address: 2 Seaport Lane
□Authorized	Boston, MA 02210	□Authorized	Boston, MA 02210
Person		Person	
□Other	Other	Other	Other
□Manager	Name: Shorelight, LLC	□Manager	Name:
■Member	Address: 2 Seaport Lane	□Member	Address:
□Authorized	Boston, MA 02210	□Authorized	
Person		Person	
□Other	Other	□Other	□Other
indexed individuals  9. Attached is a cer jurisdiction under the of the translator mu  10. This document	is executed in accordance with section 605.0 ment to the Department of State constitutes a	Florida Department of State d, duly authenticated by the cate is in a foreign language 203 (1) (b). Florida Statutes	e Annual Report form.  cofficial having custody of records c, a translation of the certificate und c. I am aware that any false informat
	ant to 7		
	Mclissa Thompson  Signature 18404F3 Signature	ure of an authorized person	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SHORELIGHT INSURANCE SERVICES 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 THIRTEENTH DAY OF JUNE, A.D. 2024.

Authentication: 203703699

Date: 06-13-24



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.." or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

#### The fees to register are as follows:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### > Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year <u>following</u> formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$138.75. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at <u>www.sunbiz.org</u>. There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

#### 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