

F21000001438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

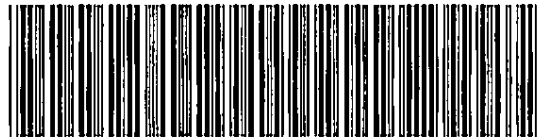
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000360868740

03/25/21--01035--001 \$670.00

03/25/21
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WESTMONT
ASSOCIATES, INC.

February 23, 2021

via UPS delivery

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Secretary of State

**Re: Application for Certificate of Authority
Vantage Risk Insurance Services Corporation**

To Whom It May Concern:

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

Also included is a Certificate of Good Standing from DE SOS and a check in the amount of \$70 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

DATE: FEB 23, 2021
SVC 2DA LTR BL WT
TRACKING# 1Z11W5700264503313 ALL CURRENCY USD
2VANTAGE
REF 2:

HC 0.00	CNS 0.00	FRT: SHP
SHIPMENT NR RATE	CHARGES:	SVC 15.56 USD
DV 0.00	COD 0.00	RS 0.00
DC 0.00	DGD 0.00	
AH 0.00	PR 0.00	ROD 0.00
TOT NR CHG 15.56		NR+HC 15.56

THIS DOCUMENT IS NOT AN INVOICE.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vantage Risk Insurance Services Corporation
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:

Bethany Hill

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip code

bobbi.anderson@vantagerisk.com

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

For further information concerning this matter, please call:

Bethany Hill

Name of Person

at (856)

Area Code

216-0220

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 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. Vantage Risk Insurance Services Corporation
(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. 86-1864544
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/29/2021 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. 501 Silverside Road Suite 57 Wilmington, De 19809
(Principal office street address)

(Current mailing address, if different)

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


Name: Florida Filing & Search Services Inc.

Office Address: 155 Office Plaza Dr Suite A

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.



(Registered agent's signature)

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]:

A. DIRECTORS

☐ Chairman Name: Jack Kuhn
☐ Vice Chairman Address: 501 Silverside Road
☒ Director Suite 57
☒ President Wilmington, DE 19809
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bobbi Anderson
☐ Vice Chairman Address: 501 Silverside Road
☒ Director Suite 57
☐ President Wilmington, DE 19809
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

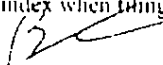
☐ Chairman Name: Bob Fry
☐ Vice Chairman Address: 501 Silverside Road
☐ Director Suite 57
☐ President Wilmington, DE 19809
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other DRLP ☒ Other Officer

☐ Chairman Name: Forrest Hughes
☐ Vice Chairman Address: 501 Silverside Road
☐ Director Suite 57
☐ President Wilmington, DE 19809
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other DRLP ☒ Other Officer

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

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. Bobbi Anderson, Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VANTAGE RISK INSURANCE SERVICES
CORPORATION" 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
SIXTEENTH DAY OF FEBRUARY, A.D. 2021.




Jeffrey W. Bullock, Secretary of State

4928736 8300

SR# 20210480382

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

Authentication: 202526257

Date: 02-16-21