# F2200005528

(R	Requestor's Name)
(A	address)
(A	address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
<u> </u>	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



600393136596

08/29/22--01020--004 \*\*70.00

2022 AUS 29 PH 1:10

S. ROBERTS AUG 2 9 2022

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Procore Insurance Services, Inc.	
	- must include suffix
Dear Sir or Madam:	
"Certificate of Existence," or "Certificate of Good Stan	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Caitlin Puskas	
Name of Person  Firm/Company  3 Marlton Pike East, Suite 200  Address  Address  City/State and Zip code  skas@westmontlaw.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  ttin Puskas  at (856)  Name of Person  Area Code  Daytime Telephone Number   STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Westmont Associates, Inc.	Name of corporation - must include suffix  ir or Madam:  closed "Application by Foreign Corporation for Authorization to Transact Business in Florida." icate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.  return all correspondence concerning this matter to the following:  Puskas  Name of Person  Address  Hill, NJ 08003  City/State and Zip code  s@westmontlaw.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Puskas  at 856 216-0220  Area Code  Daytime Telephone Number  STREET/COURIER ADDRESS:  Registration Section Division of Corporations Division of Corporations Proceeding of Corporations Proceeding of Corporations Division of Corporations Proceeding of Tallahassee P.O. Box 6327  Tallahassee, FL 32303  ed is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE OO Filing Fee  S78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certificate of Status & Certificate Opy Certificate of Status
Firm/Con	Procore Insurance Services, Inc.  Name of corporation - must include suffix  Sir or Madam: Inclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." Ifficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.  Inclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." Ifficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporations.  Inclosed "Application by Foreign Corporation to Transact Business in Florida." Inclosed "Application by Foreign Corporations and check for the following: Inclosed "Application to Transact Business in Florida." Inclosed "Application to Transact Business in Florida.  Inclosed "Application to Transact Business in Florida." Inclosed "Application to Transact Business in Florida." Inclosed "Application to Transact Business in Florida." Inclosed "Application to Transact Business in Florida.  Inclosed "Application to Transact Business in Florida." Inclosed "Application to Transact Business in Florida.  Inclosed "Application to Transact Business in Florida."  Inclosed "Application t
1763 Marlton Pike East, Suite 200	
Addre	ess
Cherry Hill, NJ 08003	
City/State a	nd Zip code
cpuskas@westmontlaw.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	eall:
	216-0220
	e Daytime Telephone Number
Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	Registration Section Division of Corporations P.O. Box 6327
\$70.00 Filing Fee  \$78.75 Filing Fee &	\$78.75 Filing Fee & Sertificate of Status & Certificate of Status &

## 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.

3.   (FEI number, if applicable of duration, if other than position of the pos		
5. Perpetual  (Date of duration, if other than position in Florida, if prior to registration)  1502, F.S., to determine penalty liability)		
s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	erpetual)	
s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	erpetual)	
.1502, F.S., to determine penalty liability)		
ffice street address)		
		202
ling address, if different)  O. Box NOT acceptable)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	AUG 29
	; <u>'</u>	PH
	:	<del>-</del> -
. Florida 32301		0
(Zip code)		
Zip code)  (Zip code)  vice of process for the above stated corp  tment as registered agent and agree to a	ict in thi.	s capac
	Zip code)  (Zip code)  vice of process for the above stated corp  tment as registered agent and agree to a  relative to the proper and complete per	Florida 32301  (Zip code)  vice of process for the above stated corporation of the ment as registered agent and agree to act in this relative to the proper and complete performance position as registered agent.

under the law of which it is incorporated.

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

#### A. DIRECTORS Benjamin C. Singer Paul E. Lyandres Name: □ Chairman □ Chairman 6309 Carpinteria Avenue 6309 Carpinteria Avenue ☐ Vice Chairman Address: ☐ Vice Chairman Address: Carpinteria, CA 93013 Carpinteria, CA 93013 **■**Director Director ■President □President □Vice President ☐ Vice President ☐ Secretary Treasurer □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ Paul E. Lyandres Paul E. Lyandres □ Chairman Name: □ Chairman Name: 6309 Carpinteria Avenue 6309 Carpinteria Avenue Address: □Vice Chairman ☐ Vice Chairman Address: \_\_\_\_ Carpinteria, CA 93013 Carpinteria, CA 93013 □Director Director □President □President ☐ Vice President ☐Vice President □ Secretary □ Treasurer □Secretary Treasurer ■Other \_ ■Other CFO □Other \_\_\_\_\_ □ Other \_\_\_\_\_\_ Name: Jason Wexler □ Chairman Name: \_\_\_\_\_ □ Chairman 6309 Carpinteria Avenue ☐ Vice Chairman Address: ☐ Vice Chairman Address: Carpinteria, CA 93013 □ Director □Director □ President □President ☐ Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer ■Other VP of Insurance Underwriting □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. 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.

Benjamin C. Singer, Secretary

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PROCORE 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 TWENTY-SIXTH DAY OF JULY,

A.D. 2022.



Authentication: 204010306

Date: 07-26-22