

F230000002202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

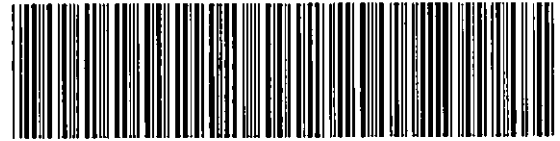
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WESTMONT
ASSOCIATES, INC.

March 27, 2023

via UPS delivery

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

**Re: SafetyCulture Care Insurance Services Inc.
Application for Authority**

To Whom It May Concern:

Enclosed please find the Application for Authority regarding SafetyCulture Care Insurance Services Inc. for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of the entity.

Also included is a Certificate of Good Standing from the state of domicile and a check in the amount of \$70.00 for the filing fee.

Please do not hesitate to contact for further information at (856) 216-0220 or beth@westmontlaw.com.

Thank you.

Bethany Hill
Bethany Hill

1 OF 1
114570 MAP 27, 2023 ACT WT 0.1 LBS
SVC 20A LTR BL WT
TRACKING# 1211WS700268588501
BILLING REF #: SAFETYCULTURE-PRO
REF 2:
HANDLING CHARGE 0.00
SINGLE-PIECE PUB RATE CHRG: SVC 29.12 USD
DV 0.00 COD 0.00 RS 0.00
DC 0.00 DGD 0.00 SD 0.00
AH 0.00 PR 0.00 SP 0.00
TOT PUB CHG 29.12 PUB+HC 29.12
TOT CCC CHG 18.11 CCC+HC 18.11
THIS DOCUMENT IS NOT AN INVOICE.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFETYCULTURE CARE 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:

Bethany Hill

Westmont Associates Inc.

1763 Marlton Pike East, Suite 200

Cherry Hill, NJ 08003

Beth@westmontlaw.com

Name of Person

Firm/Company

Address

City/State and Zip code

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

For further information concerning this matter, please call:

Bethany Hill

at (856) 216-0220

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

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. SAFETYCULTURE CARE INSURANCE SERVICES INC.
(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. 88-4369994
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/09/2022 5. Perpetual
(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. 2114 Central St. 6th Floor, Kansas City, MO 64108
(Principal office street address)
- _____
(Current mailing address, if different)

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

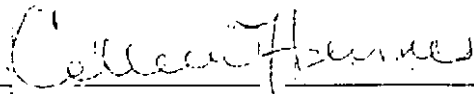
Name: Cogency Global, Inc.

Office Address: 115 North Calhoun Street, Suite 4

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: Frank Costigan

☐ Vice Chairman Address: 2114 Central St. 6th Floor

☒ Director Kansas City, MO 64108

☒ President _____

☐ Vice President _____

☒ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Peter Dunne

☐ Vice Chairman Address: 2114 Central St. 6th Floor

☒ Director Kansas City, MO 64108

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Catherine Webb

☐ Vice Chairman Address: 2114 Central St. 6th Floor

☐ Director Kansas City, MO 64108

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ 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. Catherine Webb
DocuSigned by:
6689081B38D349:

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. Catherine Webb, GM, Americas

(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 "SAFETYCULTURE CARE 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 EIGHTEENTH DAY OF
JANUARY, A.D. 2023.

FILED
2023 MAR 29 PM 2:04
DELAWARE STATE




Jeffrey W. Bullock, Secretary of State

7127979 8300

SR# 20230160919

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

Authentication: 202516569

Date: 01-18-23