F25000003208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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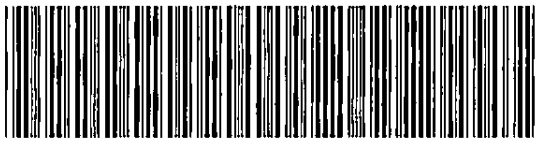

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RECEIVED
MAY 27 2025

2025 MAY 27 AM 8:30

WESTMONT ASSOCIATES, INC.

May 23, 2025

via UPS Delivery

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

Re: Auxilior Insurance Services, Inc.
Application for Authorization

To Whom It May Concern:

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

Also enclosed are a certificate of good standing and a check in the amount of $70.00 for the filing fee.

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

Respectfully,

Chuck Markus

Chuck Markus

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auxilior 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:

Irvin Averbukh
Name of Person

Westmont Associates, Inc.
Firm/Company

1763 Marlton Pike E, Ste 200
Address

Cherry Hill, NJ 08003
City/State and Zip code

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

For further information concerning this matter, please call:

Irvin Averbukh 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. Auxilior 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. Pennsylvania
(State or country under the law of which it is incorporated)

3. 33-3497134
(FEI number, if applicable)

4. 02/25/2025
(Date of incorporation)

5.
(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. 620 West Germantown Pike, Ste 450 PA 19462
DUPLICATE MEETING (Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

TALLAHASSEE (City), Florida 32301 (Zip code)

2025 MAY 27 AM 8:30

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.

Jessica Blackwell Jessica Blackwell, Asst. Secretary
(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: Steve A. Grosso
☐Vice Chairman Address: 1349 Wrightstown Road
■Director Newtown, PA 18940
☐President
☐Vice President
☐Secretary ☐Treasurer
■Other CEO ☐Other

☐Chairman Name: Rene Paradis
☐Vice Chairman Address: 82 Judah Lane
■Director Sebastian, FL 32958
■President
☐Vice President
☐Secretary ☐Treasurer
■Other COO ☐Other

☐Chairman Name: Karthik Viswanathan
☐Vice Chairman Address: 20 Griffen Avenue
■Director Scarsdale, NY 10583
☐President
☐Vice President
☐Secretary ☐Treasurer
■Other CFO ☐Other

☐Chairman Name: David Verlizzo
☐Vice Chairman Address: 17 Stonehurst Lane
■Director Dix Hills, NY 11746
☐President
☐Vice President
■Secretary ☐Treasurer
■Other Chief Legal Offic ☐Other

☐Chairman Name: Spencer Silver
☐Vice Chairman Address: 148 Jonathan Drive
☐Director North Wales, PA 19454
☐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. David Verlizzo
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. David Verlizzo, Secretary
(Typed or printed name and capacity of person signing application)

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding:	Auxilior Insurance Services, Inc.
Request Type:	Subsistence Certificate
Request No.:	055477632
Receipt No.:	001627575
Filing Type:	Domestic Business Corporation
Filing Subtype:	Business
Initial Filing Date:	February 25, 2025
Status:	Active

Issuance Date: April 25, 2025
File No.: 0014144682

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Auxilior Insurance Services, Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov