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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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insurance companies titles  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C SIMMONS  
JUL 06 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Volta Insurance Solutions, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jamie Matheis

Name of Person

Jamie Matheis/Licensing Professionals

Firm/Company

PO BOX 566

Address

Lynden WA 98264

City/State and Zip Code

jmatheis@licensingpros.com

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

For further information concerning this matter, please call:

Jamie Matheis

Name of Contact Person

888

Area Code

543-5432

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Volta Insurance Solutions, LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. California

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2296575

(FEI number, if applicable)

4. Upon Approval

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2801 Townsgate Road Ste 212

Westlake Village CA 91361

(Street Address of Principal Office)

6. 2801 Townsgate Road Ste 212

Westlake Village CA 91361

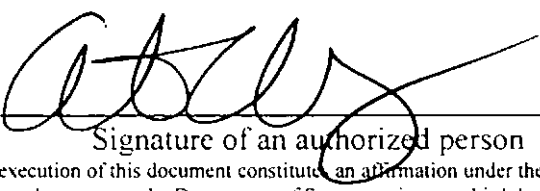
(Mailing Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

See attached

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Adam J. Meyerson, Manager

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Volta Insurance Solutions, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Paracorp Incorporated

(Name)

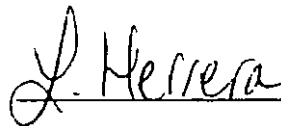
155 Office Plaza Drive, 1st Floor

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*



Leticia Herrera, Asst. Secretary  
(Signature)

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

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18  
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TALLAHASSEE, FLORIDA

Volta Insurance Solutions, LLC  
FEIN 82-2296575  
2801 Townsgate Road Ste 212  
Westlake Village CA 91361

Adam Meyerson  
Manager  
2801 Townsgate Road Ste 212  
Westlake Village CA 91361

John Donahue  
Member  
2801 Townsgate Road Ste 212  
Westlake Village CA 91361

Denise Pavlov  
Member  
2801 Townsgate Road Ste 212  
Westlake Village CA 91361

Jeffrey Harris  
Member  
2801 Townsgate Road Ste 212  
Westlake Village CA 91361

Topa Insurance Group - *Owner*  
Business Address: 24025 Park Sorrento Suite 300, Calabasas, CA 91302  
FEIN: 95-4555947  
Ownership Percentage: 75%

American Insurance Holdings - *Owner*  
Business Address: 3861 Calle Mazatlán, Newbury Park, CA 91320  
FEIN: 81-1800199  
Ownership Percentage: 25%

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

ENTITY NAME: VOLTA INSURANCE SOLUTIONS, LLC

FILE NUMBER: 201720610279  
FORMATION DATE: 07/25/2017  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day of  
June 12, 2018.

ALEX PADILLA  
Secretary of State