

# M18000001132

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

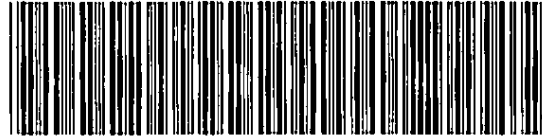
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**FILED**  
2018 AUG 16 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 23 2018



WESTMONT  
ASSOCIATES, INC.

August 13, 2018

*Via UPS Delivery*

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

Re: Sequoia Reinsurance Services, LLC  
Foreign Application for Certificate Authority

To Whom It May Concern:

Please consider the included Foreign Application for Certificate of Authority in regard Sequoia Reinsurance Services, LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Sequoia Reinsurance Services, LLC.

Also enclosed are articles of incorporation, a certificate of good standing, and a check in the amount of \$130 for the filing fee.

Thank you for your time and attention. Please contact me directly at 856-216-0220, ext. 213 or at [katie@westmontlaw.com](mailto:katie@westmontlaw.com) should you have any questions or require any additional information.

Respectfully,

Katie Lenguadoro

COVER LETTER

TO: Registration Section  
Division of Corporations  
Sequoia Reinsurance Services, LLC

SUBJECT: \_\_\_\_\_  
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:

Katie Lenguadoro

\_\_\_\_\_  
Name of Person

Westmont Associates, Inc.

\_\_\_\_\_  
Firm/Company

1763 Marlton Pike East, Suite 200

\_\_\_\_\_  
Address

Cherry Hill, NJ 08003

\_\_\_\_\_  
City/State and Zip Code

dmortenson@elmgroup.com

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

For further information concerning this matter, please call:

Katie Lenguadoro

856

216-0220

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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 TRANSACT BUSINESS IN FLORIDA

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

1. Sequoia Reinsurance Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-5409397  
(FEI number, if applicable)
4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 190 W. Germantown Pike, Suite 200  
(Street Address of Principal Office)  
East Norriton, Pennsylvania 19401
6. 190 W. Germantown Pike, Suite 200  
(Mailing Address)  
East Norriton, Pennsylvania 19401

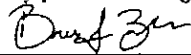
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

## Registered agent's acceptance:

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 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.



Bree Zahner, Asst. Secretary

(Registered agent's signature)

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

| <u>Title or Capacity:</u> | <u>Name and Address:</u>   | <u>Title or Capacity:</u> | <u>Name and Address:</u>   |
|---------------------------|--|---------------------------|--|
| <u>EVP</u>                | <u>Richard Berve</u><br><u>2563 West 162nd Terrace</u><br><u>Overland Park, KS 66085</u> | <u>EVP</u>                | <u>Richard Fleder</u><br><u>215 East 68th Street, Apt</u><br><u>New York, NY 10065</u> |
| <u>CFO</u>                | <u>Christopher Mitchell</u><br><u>6005 Comstock Lane N</u><br><u>Plymouth, MN 55446</u>  | <u>CEO</u>                | <u>Dan Bolgar</u><br><u>700 County Road 6</u><br><u>Wayzata, MN 55391</u>              |

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Christopher Mitchell

7/30/2018 10:13:00 AM PDT

Signature of an authorized person

Christopher Mitchell, CFO

Typed or printed name of signer

2018 AUG 16 AM 10:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SEQUOIA REINSURANCE SERVICES, LLC" IS  
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE THIRTIETH DAY OF JULY, A.D. 2018.



6861868 8300

SR# 20185878277

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203149313

Date: 07-30-18

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF FORMATION OF "SEQUOIA REINSURANCE  
SERVICES, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF  
APRIL, A.D. 2018, AT 6:36 O'CLOCK P.M.



6861868 8100  
SR# 20185878076

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203146093  
Date: 07-27-18

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:36 PM 04/26/2018  
FILED 06:36 PM 04/26/2018  
SR 20183080446 - File Number 6861868

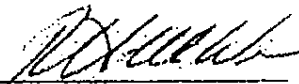
**STATE of DELAWARE**  
**LIMITED LIABILITY COMPANY CERTIFICATE of**  
**FORMATION**

**First:** The name of the limited liability company is **Sequoia Reinsurance Services, LLC.**

**Second:** The address of its registered office in the State of Delaware is 850 New Burton Road  
Ste. 201 in the City of Dover. Zip code 19904.

The name of its Registered agent at such address is **COGENCY GLOBAL INC.**

**In Witness Whereof,** the undersigned has executed this Certificate of Formation this  
26th day of April, 2018.

By:   
Authorized Person  
Name: Robert M. Weiss