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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

DEC 5 2018



November 15, 2018

Via UPS Delivery

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

**Re: Coterie Insurance Agency, LLC
Application for Authorization**

To Whom It May Concern:

Please consider the included Application for Authorization in regard Coterie Insurance Agency, LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Coterie Insurance Agency, 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 or by email at katie@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

A handwritten signature in cursive script that reads 'Katie Lenguadoro'.
Katie Lenguadoro

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coterie Insurance Agency, 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:

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

kevin@coterieinsure.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. Coterie Insurance Agency, 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. Delaware 3. 35-2643906
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 7817 Cooper Rd. Suite B
(Street Address of Principal Office)
Cincinnati, OH 45242

6. 7817 Cooper Rd. Suite B
(Mailing Address)
Cincinnati, OH 45242

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Holly Jones Holly Jones
(Registered agent's signature) Assistant Vice President

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>CEO & Manager</u>	<u>David McFarland</u> <u>7817 Cooper Rd. Suite B</u> <u>Cincinnati, OH 45242</u>	<u>COO & Manager</u>	<u>Kevin Mackey</u> <u>7817 Cooper Rd. Suite B</u> <u>Cincinnati, OH 45242</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.

Kevin Mackey
(Signature of an authorized person)
Kevin Mackey, COO
(Typed or printed name of signer)

FILED
2018 NOV 26 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COTERIE INSURANCE AGENCY, 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2018.



7110926 8300

SR# 20187275896

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

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

Authentication: 203668577

Date: 10-23-18