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WESTMONT
ASSOCIATES, INC.

August 16, 2019

Via UPS Delivery

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

**Re: CAIS Insurance Solutions, LLC
Application for Authorization**

FILED
2019 AUG 20 PM 4:11
TALLAHASSEE, FL 32301
STATE OF FLORIDA

To Whom It May Concern:

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

Also enclosed are a certificate of good standing and a check in the amount of \$125.00 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 should you have any questions or require any additional information.

Respectfully,

Katie Lenguadoro

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAIS 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:

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

mpersson@caisgroup.com

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

For further information concerning this matter, please call:

Markus Persson

212

202-2305

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

FILED
2019 AUG 20 PM 4:11
TALLAHASSEE, FLORIDA

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. CAIS 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. Delaware

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

3. 84-2001087

(FEI number, if applicable)

4. _____

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

5. 527 Madison Avenue

(Street Address of Principal Office)

2nd Floor

New York, New York 10022

6. 527 Madison Avenue

(Mailing Address)

2nd Floor

New York, New York 10022

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

Angel Shearer

Assistant Secretary

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: **Name and Address:**

☐ Manager Name: Timothy Shannon

☐ Member Address: 527 Madison Avenue

☐ Authorized 2nd Floor

Person New York, NY 10022

☒ Other President ☐ Other

☐ Manager Name: Marc Premseelaar

☐ Member Address: 527 Madison Avenue

☐ Authorized 2nd Floor

Person New York, NY 10022

☒ Other Snr. Managing Di ☐ Other

☐ Manager Name: Michael Richman

☐ Member Address: 527 Madison Avenue

☐ Authorized 2nd Floor

Person New York, NY 10022

☒ Other General Counsel ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Matthew Brown

☐ Member Address: 527 Madison Avenue

☐ Authorized 2nd Floor

Person New York, NY 10022

☒ Other CEO ☐ Other

☐ Manager Name: Jacob Susskind

☐ Member Address: 527 Madison Avenue

☐ Authorized 2nd Floor

Person New York, NY 10022

☒ Other Associated (Desig) ☐ Other

☐ Manager Name: Capital Integrations Systems, LLC

☒ Member Address: 527 Madison Avenue

☐ Authorized 2nd Floor

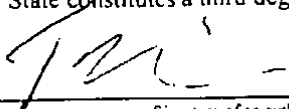
Person New York, NY 10022

☐ 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.

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.



Signature of an authorized person

Timothy Shannon, President

Typed or printed name of signee

Delaware

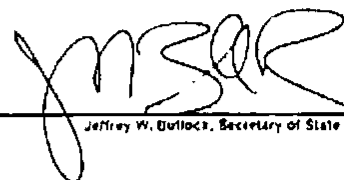
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAIS INSURANCE SOLUTIONS, 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 TWELFTH DAY OF AUGUST, A.D. 2019.

FILED
2019 AUG 20 PM 4:11
CLERK OF THE STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7451076 8300

SR# 20196465670

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

Authentication: 203395516

Date: 08-12-19