

M20000004091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

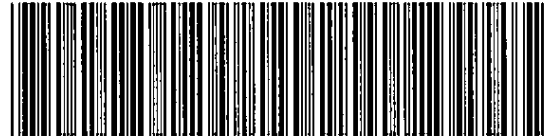
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/23/20--01025--007 \*\*125.00

SECRETARY OF STATE  
APR 23 2020

2020 APR 23 PM 1:21

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APR 29 2020

M. SOLOMON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Canvas 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:

Bethany Hill

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

Westmont Associates, Inc.

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

1763 Marlton Pike East, Suite 200

\_\_\_\_\_  
Address

Cherry Hill, NJ 08003

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

halina.zawodni@faegredrinker.com

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

For further information concerning this matter, please call:

Bethany Hill

856

216-0220

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

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

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

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**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. Canvas 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. Arizona 3. 84-4698559  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. <u>7272 E Indian School Road</u> (Street Address of Principal Office)	6. <u>7272 E Indian School Road</u> (Mailing Address)
<u>Suite 100</u>	<u>Suite 100</u>
<u>Scottsdale, AZ 85251</u>	<u>Scottsdale, AZ 85251</u>

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

Name:	<u>Corporation Service Company</u>
Office Address:	<u>1201 Hays Street</u>
	<u>Tallahassee</u> <u>32301</u> _____. Florida _____ (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.*

Aleya Smith Assistant Secretary  
(Registered agent's signature)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

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: Puritan Life Insurance Company  
☒ Member Address: 7272 E. Indian School Road  
☐ Authorized Suite 100  
 Person Scottsdale, AZ 85251  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**  
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other ☐ Other

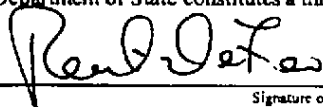
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ 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

Robert DeFeo

Typed or printed name of signer

2020 APR 23 PM 1:21  
 RECEIVED  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 AND BUSINESSES

FILED

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

**CERTIFICATE OF GOOD STANDING**

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**Canvas Insurance Agency LLC**

ACC file number: 23055709

was incorporated under the laws of the State of Arizona on 01/24/2020, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the  
Arizona Corporation Commission, and issued this Certificate on this date: 03/19/2020



A handwritten signature in black ink, reading "Matthew Neubert".

**Matthew Neubert, Executive Director**



WESTMONT  
ASSOCIATES, INC.

April 9, 2020

*via UPS Delivery*

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

**Re: Application for Authorization to Transact Business  
Canvas Insurance Agency LLC**

To Whom It May Concern:

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

Also included is the FL SOS Name Reservation confirmation, a Certificate of Good Standing from AZ SOS, and a check in the amount of \$125 for the filing fee.

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

Respectfully,

*Bethany Hill*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2020

CSC

2020 APR 16 PM 4:12  
RECEIVED  
GENERAL  
SERVICES

The name CANVAS INSURANCE AGENCY LLC has been reserved for 120 days beginning February 13, 2020. The reservation number is R20000000007 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lanham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (850) 488-9000, the Name Availability Section

KYLE D BRUMBLEY

Letter number: 020A00003386

Account number: I20000000195

Amount charged: 25.00