

M200000004116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

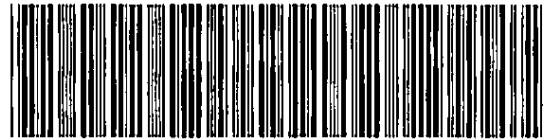
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04/28/20--01020--023 **125.00

FILED
20 APR 28 PM 7:10
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA



WESTMONT
ASSOCIATES, INC.

April 24, 2020

via UPS Delivery

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

**Re: The Seltzer Group Agency LLC
Application for Authorization**

To Whom It May Concern:

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

Also enclosed are a certificate of good standing 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 katie@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Katie Lenguadoro

FILED
20 APR 28 PM 7:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Seltzer Group 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:

Josh Owen

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

mrossi@keystonecinsgrp.com

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

For further information concerning this matter, please call:

Josh Owen

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

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20 APR 28 PM 7:11

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. The Seltzer Group 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-0542517
(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. 610 ROUTE 61 SOUTH
(Street Address of Principal Office)

6. 610 ROUTE 61 SOUTH
(Mailing Address)

ORWIGSBURG, PA 17961

ORWIGSBURG, PA 17961

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, Florida 33324
(City) (Zip code)

FILED
20 APR 28 PM 7:11

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.

Hiedi M. Liesch
(Registered agent's signature)

Hiedi M. Liesch, Asst. Secretary

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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name:	Michael Reddy	<input type="checkbox"/> Manager	Name:	Keystone Agency Investors LLC
<input type="checkbox"/> Member	Address:	610 Route 61 South	<input checked="" type="checkbox"/> Member	Address:	2600 Commerce Drive
<input type="checkbox"/> Authorized		ORWIGSBURG, PA 17961	<input type="checkbox"/> Authorized		Harrisburg, PA 17110
Person			Person		
<input checked="" type="checkbox"/> Other	President		<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	Michael Rossi	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	610 Route 61 South	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		ORWIGSBURG, PA 17961	<input type="checkbox"/> Authorized		
Person			Person		
<input checked="" type="checkbox"/> Other	Treasurer		<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	Daniel Girardi	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	610 Route 61 South	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		ORWIGSBURG, PA 17961	<input type="checkbox"/> Authorized		
Person			Person		
<input checked="" type="checkbox"/> Other	Secretary		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

Michael X. Reddy Jr.

Signature of an authorized person

Michael Reddy

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE SELTZER GROUP 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-FIRST DAY OF APRIL, A.D. 2020.



7913361 8300

SR# 20203022479

You may verify this certificate online at 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: 202805521

Date: 04-21-20