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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRET OF STATE
TALLAHASSEE, FLORIDA

2020 AUG 28 PM 3:39

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a/a/ba



WESTMONT
ASSOCIATES, INC.

August 11, 2020

Via UPS

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

Re: Asurea Wholesale Insurance Services LLC
Foreign Corporation Conversion to LLC

To Whom It May Concern:

Please consider the Application by Foreign LLC for Authorization to Transact Business in Florida in regard to Asurea Wholesale Insurance Services LLC for your review and approval. At your department's instruction, this is filed with the included Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida in order to reflect the conversion of Asurea Wholesale Insurance Services, Inc., initially registered in your state on 2/15/2012. The entity was recently converted to Asurea Wholesale Insurance Services LLC in California, its state of domicile. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Asurea.

Also included is a Certificate of Status, as well as a check for the \$198.75 filing fees of both forms with certified copies.

Thank you for your time and attention. Please contact me directly at 856-216-0220 or at francois@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Francois Duris

Francois Duris

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2020 AUG 28 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Asurea Wholesale Insurance Services 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. California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 68-0346194
(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. 3010 LAVA RIDGE COURT SUITE 150
(Street Address of Principal Office)

6. 3010 LAVA RIDGE COURT SUITE 150
(Mailing Address)

ROSEVILLE, CA 95661

ROSEVILLE, CA 95661

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.

Corporation Service Company

By: [Signature]
(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: Quility Insurance Holdings LLC

☐ Member Address: 3010 LAVA RIDGE COURT

☐ Authorized SUITE 150

ROSEVILLE, CA 95661

Person _____

☐ 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 _____

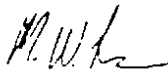
Person _____

☐ 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

Matthew Thomas

Typed or printed name of signer



Secretary of State Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: ASUREA WHOLESALE INSURANCE SERVICES LLC
File Number: 202021310004
Registration Date: 07/31/2020
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of August 2, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California
this day of August 3, 2020.

ALEX PADILLA
Secretary of State

Certificate Verification Number: ZV87NBZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.