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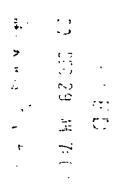
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

Registration Section Division of Corporations

TO:

	Nam	e of Limited Liability Company
osed "/ e, and o	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in
turn al	I correspondence concerning this matter t	o 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
	haqueaizaz@gmail.com	
	E-mail address: (to be	e used for future annual report notification)
er info	rmation concerning this matter, please ca	II:
Josh C	Owen	856 216-0220 at()
	Name of Contact Person	at () Area Code Daytime Telephone Number
<u>Mailir</u>	ng Address:	Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallal	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Carles	sed is a check for the following amount:	PARTMENT OF STATE

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Cimited Liability Company; must include "Limited	d Liabilir	у Сотрапу, " L.L.С	"," or "LLC.")			 -
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida The	alternate name must in	clude "Limited Lia	bility Compan	ıy," "L L.C.	." or "L.I.C.
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)			85-4125493				
				(FEI numbe	r, if applicable	2)	
_							
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905; F.S. to determi	registration	i) liability)				
850 New Burton Road, Suite 201		6.	345 Pondfield I	Pondfield Road			
treet Address of Principal Office)			(Mailing Addre	(Mailing Address)			
Dover, DE, 19904			Bronxville, NY 10708				
							
				 			
Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)		:3	r.5	
					<u> </u>	ت	
Name:	COGENCY GLOBAL INC.				į	()	
	115 North Calhoun Street, Suite 4					53	7
Office Address:					••	Ĩ.;	ξ.
	Tallahassee		. Florida	32301		7: -	
	(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.

/s/	/ Jacqueline Almeida, 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: Aizaz Haque	Title or Capacity:	
■ Manager □ Member	Name: Aizaz Haque Address: 345 Pondfield Rd	■ Manager ☐ Member	Name: Krishnan Ethirajan Address: 5819 Hickory Drive
□Authorized	Bronxville, NY 10708	□Authorized	Apt #F
Person		Person	Oak Park, CA 91377
Other	Other	□ Other	□ Other
□Manager	Name: Mosaic US Holdings LLC	□Manager	Name:
■Member	Address: 850 New Burton Road	□Member	Address:
□Authorized	Suite 201	□Authorized	
Person	Dover, DE, 19904	Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other

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.

1		
	Signature of an authorized person	
Aizaz Haque		
	Typed or pointed name of signee	

⁹ of the translator must be submitted)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOSAIC AMERICAS INSURANCE SERVICES

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 SEVENTEENTH DAY OF DECEMBER, A.D. 2020.

Authentication: 204359345

Date: 12-17-20

4172097 8300

SR# 20208685027