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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

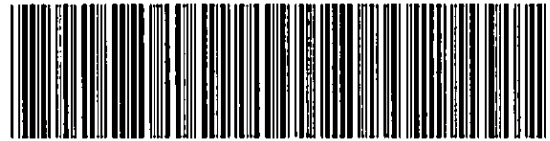
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WESTMONT
ASSOCIATES, INC.

February 24, 2021

via **UPS** delivery

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

**Re: Application for Registration
Joyn Insurance Services LLC**

To Whom It May Concern:

Please consider the included Application for Registration regarding Joyn Insurance Services LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Joyn Insurance Services LLC.

Also included is a list of officers, a Certificate of Good Standing from DE 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 should you have any questions or require any additional information.

Respectfully,

Bethany Hill

11W570 FEB 24, 2021 HCT WT 0.1 LBS RPK 1
SVC 2DA LTR BL WT
TRACKING# 1Z11W5700265311886 ALL CURRENCY USD
2JOYN
REF 2:

HC 0.00	CNS 0.00	FRT: SHP
SHIPMENT NR RATE CHARGES:		SVC 15.56 USD
DV 0.00	COD 0.00	RS 0.00
DC 0.00	DGD 0.00	
AH 0.00	PR 0.00	ROD 0.00
TOT NR CHG 15.56		NR+HC 15.56

THIS DOCUMENT IS NOT AN INVOICE.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Joyn Insurance Services 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 Marlon Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

beth@westmontlaw.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. Joyn 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. Delaware 3. 85-1740458
(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. 11231 U.S. Highway 1 6. 11231 U.S. Highway 1
(Street Address of Principal Office) (Mailing Address)

#110 #110

North Palm Beach, FL 33408 North Palm Beach, FL 33408

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) , Florida (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.

By: Corporation Service Company

Jennifer M. McCullough
(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]:

<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: Please see attached.	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.



Signature of an authorized person

Seraina Macia, CEO

Typed or printed name of signee

Joyn Insurance Services LLC
Officers/Directors/Owners

Name	Title	Business Address
Seraina Macia	CEO	11231 US Highway 1, #110 North Palm Beach, FL 33408
Eduard Pulkstenis	Chief Underwriting Officer	11231 US Highway 1, #110 North Palm Beach, FL 33408
Edward McGough	Chief Technology Officer	11231 US Highway 1, #110 North Palm Beach, FL 33408
Stephan Braig	Head of R&D	11231 US Highway 1, #110 North Palm Beach, FL 33408
Callie Thomas	Chief Administrative Officer	11231 US Highway 1, #110 North Palm Beach, FL 33408

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JOYN 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 ELEVENTH DAY OF FEBRUARY, A.D. 2021.



3163308 8300

SR# 20210415478

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: 202497116

Date: 02-11-21