

M21000013210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

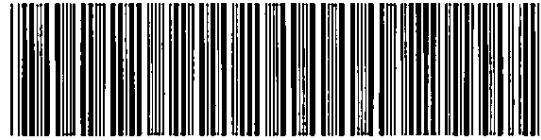
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600374236666

01 SEP 2021 11:13 AM

2021 SEP 30 PM 1:13
U.S. DEPT. OF STATE
OFFICE OF THE ATTORNEY GENERAL

OCT -7 2021
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quote And Go 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:

Josh Owen

Name of Person

Wesmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

DREWMARTIN@D2CINSURANCECONSULTANTS.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

2021 SEP 30 PM 1:13
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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. Quote And Go 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.")

Tennessee

2. (Jurisdiction under the law of which foreign limited liability company is organized)

87-2309426

3. (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)

134 Piedmont Ave.

5. (Street Address of Principal Office)

134 Piedmont Ave.

6. (Mailing Address)

Nashville, TN, 37216

Nashville, TN, 37216

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

Name:

COGENCY GLOBAL INC.

Office Address:

115 North Calhoun Street, Suite 4

Tallahassee

(City)

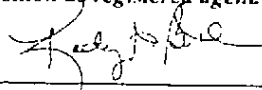
Florida

32301

(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.



Kathy A. Butler, Asst. Sec.

(Registered agent's signature)

2021 SEP 30 PM 1:13
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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: Brian Bolinger

☒ Member Address: 2369 Old Stagecoach Rd

☐ Authorized Wyalusing PA 18853

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Eric Pettis

☒ Member Address: 2090 Linglestown Rd.,

☐ Authorized Suite 201

Person Harrisburg PA 17110

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Drew Martin

☒ Member Address: 134 Piedmont Ave.,

☐ Authorized Nashville TN 37216

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Valerie Bolinger

☐ Member Address: 2369 Old Stagecoach Rd

☐ Authorized Wyalusing PA 18853

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

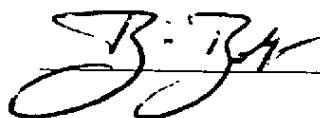
Person _____

☐ 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

Brian Bolinger

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

KATIE LENGUADORO
SUITE 200
1763 MARLTON PIKE EAST
CHERRY HILL, NJ 08003

September 28, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0438219

Issuance Date: 09/28/2021
Copies Requested: 1

Document Receipt

Receipt #: 006646982
Payment-Credit Card - State Payment Center - CC #: 3814896672
Filing Fee: \$20.00
\$20.00

Regarding: Quote and Go Insurance Agency LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 08/22/2021

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 1231618

Date Formed: 08/22/2021

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Quote and Go Insurance Agency LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 048921938