

11220000/2971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

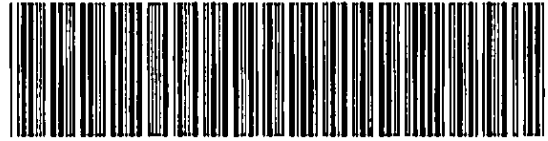
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/16/22--01014--013 **160.00

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2022 AUG 16 PM 6:39
T. LEMIEUX
STATE
FLORIDA

T. LEMIEUX

AUG 18 2022



**WESTMONT
ASSOCIATES, INC.**

August 15, 2022

Via UPS

Florida Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RE: FDS Insurance Agency, LLC
Statement of Conversion**

To Whom It Concerns:

Please find enclosed a filing intended to convert the corporate registration of FDS Insurance Agency, LLC, previously "FDS Insurance Agency, Inc.". The entity has entered a conversion from a for-profit corporation to a Limited Liability Company in its domicile state of Delaware. Westmont Associates, Inc. has been requested to submit this filing on behalf of FDS Insurance Agency, LLC.

Enclosed with this filing, please find:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Application by Foreign Corporation for Withdrawal of Authority to Transact Business of Conduct Affairs in Florida
- Certificate of Existence from Delaware
- Check for \$160 filing fee
- Check for \$52.50 filing fee

If you have any questions or concerns, please contact me at (856) 216-0220 or by email at Kevin@Westmontlaw.com.

Respectfully,

Kevin Ezeuzoh

Kevin Ezeuzoh
Kevin@Westmontlaw.com
856.216.0220

COVER LETTER

**TO: Registration Section
Division of Corporations**

FDS 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:

Kevin Ezcuzoh

Name of Person

Westmont Associates

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

Kevin@westmontlaw.com

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

For further information concerning this matter, please call:

Kevin Ezeuzoh

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. FDS 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.")

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

3. 85-2274207
(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. 4220 North Freeway
(Street Address of Principal Office)

6. 4220 North Freeway
(Mailing Address)

Fort Worth, TX 76137

Fort Worth, TX 76137

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

Name: Corporation Service Company

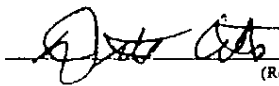
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

 Dwight Coats, Vice President
(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: FDS, Inc.	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 4220 North Freeway	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Fort Worth, TX 76137	<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.


Joseph B. Spears Jul 29, 2022 21:45 PDT

Signature of an authorized person

Joseph B. Spears

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FDS INSURANCE 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 SECOND DAY OF AUGUST, A.D. 2022.



3313055 8300

SR# 20223140664

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", 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: 204070324

Date: 08-02-22