

M22000018523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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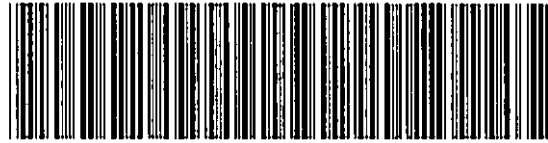
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. FRANKLIN

DEC 13 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Findigs 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:

Valerie Jourmeigan

Name of Person

Westmont Associates

Firm/Company

1763 Marlton Pike east, suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

valerie@westmontlaw.com

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

For further information concerning this matter, please call:

Valerie Jourmeigan

856

216-0220

Name of Contact Person

at ( )

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

1632 F-1 F1 6:16

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. Findigs 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

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

3. 88-4196444

(FBI 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. 636 Broadway, Suite 1200

(Street Address of Principal Office)

New York, NY 10012

6. 636 Broadway, Suite 1200

(Mailing Address)

New York, NY 10012

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

Name: United Corporate Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee

(City)

, Florida

32312

(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.

Michael A. Barr Pres., United Corporate Services, Inc.

(Registered agent's signature)

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pm 6:18

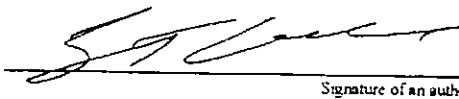
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Stephen Carroll	<input checked="" type="checkbox"/> Manager	Name: David Jochim
<input type="checkbox"/> Member	Address: 636 Broadway, Suite 1200	<input type="checkbox"/> Member	Address: 636 Broadway, Suite 1200
<input type="checkbox"/> Authorized	New York, NY 10012	<input type="checkbox"/> Authorized	New York, NY 10012
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Keith Gilvar	 <input type="checkbox"/> Manager	 Name: Bleeker Insurance Holdings, Inc.
<input type="checkbox"/> Member	Address: 636 Broadway, Suite 1200	<input checked="" type="checkbox"/> Member	Address: 636 Broadway, Suite 1200
<input type="checkbox"/> Authorized	New York, NY 10012	<input type="checkbox"/> Authorized	New York, NY 10012
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: Sebastian Hart	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 636 Broadway, Suite 1200	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	New York, NY 10012	<input type="checkbox"/> Authorized	_____
Person		Person	
<input checked="" type="checkbox"/> Other VP	<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

Stephen Carroll

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

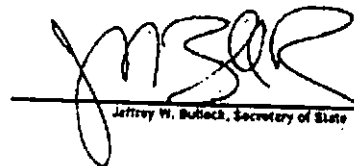
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FINDIGS 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 FOURTEENTH DAY OF OCTOBER, A.D. 2022.

2022-10-14 PM 6:18



  
Jeffrey W. Bullock, Secretary of State

7086161 8300

SR# 20223771727

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204629865

Date: 10-14-22