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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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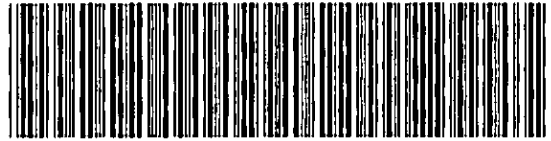
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. ROBERTS

JAN 18 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rover Pet 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:

Dan Miller

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike E, Ste 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

daniel@westmontlaw.com

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

For further information concerning this matter, please call:

Dan Miller

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. Rover Pet 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 92-1138681
(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. 720 Olive Way
(Street Address of Principal Office)
Suite 1900
Seattle, WA 98101

6. 720 Olive Way
(Mailing Address)
Suite 1900
Seattle, WA 98101

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

Name: Cogency Global Inc.
Office Address: 115 N Calhoun Street, Ste 4
Tallahassee, Florida 32301
(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.

Coleen Humes
(Registered agent's signature)

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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: Alison Rutty

☐ Member Address: 720 Olive Way, Suite 1900

☐ Authorized Seattle, WA 98101

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Charlie Wickers

☐ Member Address: 720 Olive Way, Suite 1900

☐ Authorized Seattle, WA 98101

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: Melissa Weiland

☐ Member Address: 720 Olive Way, Suite 1900

☐ Authorized Seattle, WA 98101

Person _____

☒ Other Secretary ☐ Other _____

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

☐ Manager Name: Allison Daniel

☐ Member Address: 720 Olive Way, Suite 1900

☐ Authorized Seattle, WA 98101

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Chuck Markus

☐ Member Address: 720 Olive Way, Suite 1900

☐ Authorized Seattle, WA 98101

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: A Place for Rover, Inc.

☒ Member Address: 720 Olive Way, Suite 1900

☐ Authorized Seattle, WA 98101

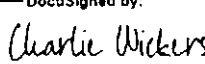
Person _____

☐ 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.

DocuSigned by:

 418CFA4CA231C482

Signature of an authorized person

Charlie Wickers

Typed or printed name of signer


Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ROVER PET 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 THIRD DAY OF NOVEMBER, A.D. 2022.




Jeffrey W. Bullock, Secretary of State

7118863 8300

SR# 20223932553

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

Authentication: 204773475

Date: 11-03-22