

M230000006156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

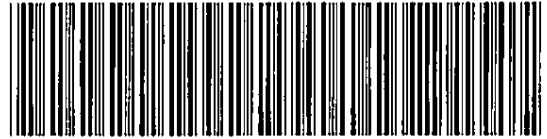
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000408008560

05/02/23--01034--011 **125.00

FILED

2023 MAY -2 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FL

CP



WESTMONT
ASSOCIATES, INC.

April 27, 2023

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
Moonshot Insurance Services, LLC**

To Whom It May Concern:

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

Also included is 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 josh@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Josh Owen



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company." The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

➤ **Important Information About the Requirement to File an Annual Report**

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moonsht 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:

Josh Owen

Name of Person

Westmont Associates	
	Firm/Company
1	Westmont Associates
2	Westmont Associates
3	Westmont Associates
4	Westmont Associates
5	Westmont Associates
6	Westmont Associates
7	Westmont Associates
8	Westmont Associates
9	Westmont Associates
10	Westmont Associates
11	Westmont Associates
12	Westmont Associates
13	Westmont Associates
14	Westmont Associates
15	Westmont Associates
16	Westmont Associates
17	Westmont Associates
18	Westmont Associates
19	Westmont Associates
20	Westmont Associates
21	Westmont Associates
22	Westmont Associates
23	Westmont Associates
24	Westmont Associates
25	Westmont Associates
26	Westmont Associates
27	Westmont Associates
28	Westmont Associates
29	Westmont Associates
30	Westmont Associates
31	Westmont Associates
32	Westmont Associates
33	Westmont Associates
34	Westmont Associates
35	Westmont Associates
36	Westmont Associates
37	Westmont Associates
38	Westmont Associates
39	Westmont Associates
40	Westmont Associates
41	Westmont Associates
42	Westmont Associates
43	Westmont Associates
44	Westmont Associates
45	Westmont Associates
46	Westmont Associates
47	Westmont Associates
48	Westmont Associates
49	Westmont Associates
50	Westmont Associates
51	Westmont Associates
52	Westmont Associates
53	Westmont Associates
54	Westmont Associates
55	Westmont Associates
56	Westmont Associates
57	Westmont Associates
58	Westmont Associates
59	Westmont Associates
60	Westmont Associates
61	Westmont Associates
62	Westmont Associates
63	Westmont Associates
64	Westmont Associates
65	Westmont Associates
66	Westmont Associates
67	Westmont Associates
68	Westmont Associates
69	Westmont Associates
70	Westmont Associates
71	Westmont Associates
72	Westmont Associates
73	Westmont Associates
74	Westmont Associates
75	Westmont Associates
76	Westmont Associates
77	Westmont Associates
78	Westmont Associates
79	Westmont Associates
80	Westmont Associates
81	Westmont Associates
82	Westmont Associates
83	Westmont Associates
84	Westmont Associates
85	Westmont Associates
86	Westmont Associates
87	Westmont Associates
88	Westmont Associates
89	Westmont Associates
90	Westmont Associates
91	Westmont Associates
92	Westmont Associates
93	Westmont Associates
94	Westmont Associates
95	Westmont Associates
96	Westmont Associates
97	Westmont Associates
98	Westmont Associates
99	Westmont Associates
100	Westmont Associates

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

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

For further information concerning this matter, please call:

Josh Owen at (856) 216-0220

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. Moonshot 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 36-5051315
(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. 200 Continental Drive
(Street Address of Principal Office)
Suite 401
Newark, DE 19713
6. 200 Continental Drive
(Mailing Address)
Suite 401
Newark, DE 19713

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, Florida 32301
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY -2 AM 11:02

FILED

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.


(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: Moonshot Marketing LTD	<input checked="" type="checkbox"/> Manager	Name: Idan Cohen
<input checked="" type="checkbox"/> Member	Address: 200 Continental Drive	<input type="checkbox"/> Member	Address: 200 Continental Drive
<input type="checkbox"/> Authorized	Suite 401	<input type="checkbox"/> Authorized	Suite 401
Person	Newark, DE 19713	Person	Newark, DE 19713
<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

Idan Cohen

Typed or printed name of signee

Delaware

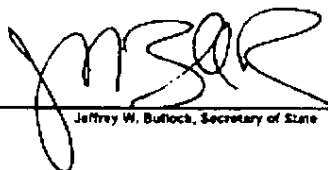
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MOONSHOT 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 TWENTY-SECOND DAY OF MARCH, A.D. 2023.



7211045 8300


Jeffrey W. Bullock, Secretary of State

Authentication: 202982245