

MB3000009561

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

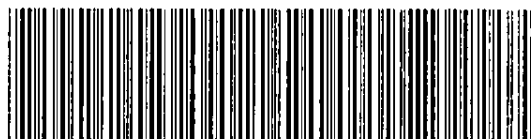
(Business Entity Name)

(Document Number)

Certific Copies _____ Certificates of Status _____

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T. LEMIEUX

JUL 24 2023

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WESTMONT
ASSOCIATES, INC.

July 13, 2023

via UPS Delivery

Florida Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Secretary of State

**Re: Aptia Insurance Services Group, LLC
Application for Authorization**

To Whom It May Concern:

Please consider the included Application for Authorization in regard to Aptia Insurance Services Group, LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Aptia Insurance Services Group, LLC.

Also enclosed are a certificate of good standing 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 katie@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Katie Lenguadoro

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: APTIA INSURANCE SERVICES GROUP, 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:

Katie Lenguadoro

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

katie@westmontlaw.com

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

For further information concerning this matter, please call:

Katie Lenguadoro

Name of Contact Person

at (856)

Area Code

216-0220

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. APTIA INSURANCE SERVICES GROUP, 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. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-1669497
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 4001 Kennett Pike, Suite 302
(Street Address of Principal Office)

6. 4001 Kennett Pike, Suite 302
(Mailing Address)

Wilmington, DE, 19807

Wilmington, DE, 19807

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.


(Registered agent's signature) By: Ariana Turoski, Special Secretary

2008.11.17 PM 2:47

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: <u>Matthew Cannan</u>	<input type="checkbox"/> Manager	Name: <u>Balamurugan Viswanathan</u>
<input type="checkbox"/> Member	Address: <u>4001 Kennett Pike, Suite 302</u>	<input type="checkbox"/> Member	Address: <u>4001 Kennett Pike, Suite 302</u>
<input type="checkbox"/> Authorized	<u>Wilmington, DE, 19807</u>	<input type="checkbox"/> Authorized	<u>Wilmington, DE, 19807</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>VP & Director</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President & CEO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Dominic Burke</u>	<input type="checkbox"/> Manager	Name: <u>Scott Savett</u>
<input type="checkbox"/> Member	Address: <u>4001 Kennett Pike, Suite 302</u>	<input type="checkbox"/> Member	Address: <u>4001 Kennett Pike, Suite 302</u>
<input type="checkbox"/> Authorized	<u>Wilmington, DE, 19807</u>	<input type="checkbox"/> Authorized	<u>Wilmington, DE, 19807</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>VP & Chairman</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP & Secretary</u>	<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.

Matthew Cannan

Signature of an authorized person

Matthew Cannan

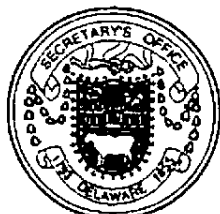
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "APTIA INSURANCE SERVICES GROUP, 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 ELEVENTH DAY OF JULY, A.D. 2023.



7492848 8300

SR# 20232962744

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

A handwritten signature in black ink, appearing to read "JB", 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: 203723415

Date: 07-11-23