

M23000012973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

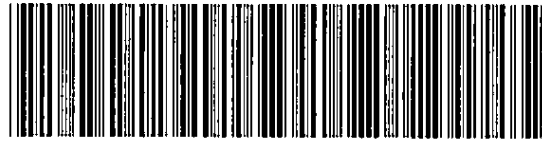
(Document Number)

Certified Copies _____

Certificates of Status _____

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10/09/23 - 01:00:00 - 0001 45.125.00

RECEIVED
2023 OCT -9 PM 3:54
DIRECTOR OF REVENUE
TALLAHASSEE, FLORIDA

RECEIVED

2023 OCT -9 PM 3:54

APPROVED
AND
FILED

2023 OCT -9 AM 7:35

OCT 10 2023
K. Brumblay



October 9, 2023

Via Hand Delivery

REGISTRATION SECTION
FLORIDA DIVISION OF CORPORATIONS
THE CENTRE OF TALLAHASSEE
2415 N. MONROE STREET, SUITE 810
TALLAHASSEE, FL 32303

Re: VOLKSWAGEN INSURANCE SERVICES, LLC
Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida

Dear Sir/Madam:

On behalf of VOLKSWAGEN INSURANCE SERVICES, LLC, we enclose the following materials for registration with the state of Florida:

- Filing fee in the amount of \$125.00;
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida completed and signed; and
- Domicile Certificate of Good Standing from Delaware.

If you have any questions regarding this application or the applicant, please contact me and I will be happy to expedite an answer.

Sincerely,

A handwritten signature in black ink that reads "Halley P. Kelly". The signature is written in a cursive, flowing style.

Halley P. Kelly, FRP
Paralegal
halley@meenanlawfirm.com

JDW/hpk
Enclosures



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VOLKSWAGEN 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:

Halley Kelly

Name of Person

Meenan PA

Firm/Company

PO Box 11247

Address

Tallahassee, FL 32302

City/State and Zip Code

halley@meenanlawfirm.com

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

For further information concerning this matter, please call:

Halley Kelly

850

425-4000

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. VOLKSWAGEN 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 93-3325230
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2200 WOODLAND POINTE AVENUE
(Street Address of Principal Office)
HERNDON, VA 20171
6. 2200 WOODLAND POINTE AVENUE
(Mailing Address)
HERNDON, VA 20171

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)

APPROVED
AND
FILED
2023 OCT -9 AM 7:35
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
HARRIS, TEXAS

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.

Melissa Clarke
(Registered agent's signature) Melissa Clarke, Asst. V.P.

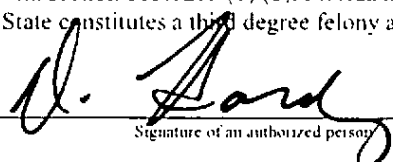
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Sawinder Singh</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Heather Bernstein</u>
<input type="checkbox"/> Member	Address: <u>2200 WOODLAND POINTE AVENUE</u>	<input type="checkbox"/> Member	Address: <u>2200 WOODLAND POINTE AVENUE</u>
<input type="checkbox"/> Authorized	<u>HERNDON, VA 20171</u>	<input type="checkbox"/> Authorized	<u>HERNDON, VA 20171</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Garett Miles</u>	<input type="checkbox"/> Manager	Name: <u>George Ostyn</u>
<input type="checkbox"/> Member	Address: <u>2200 WOODLAND POINTE AVENUE</u>	<input type="checkbox"/> Member	Address: <u>2200 WOODLAND POINTE AVENUE</u>
<input type="checkbox"/> Authorized	<u>HERNDON, VA 20171</u>	<input type="checkbox"/> Authorized	<u>HERNDON, VA 20171</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CRO</u>	<input checked="" type="checkbox"/> Other <u>CCO</u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Donald Harding</u>	<input type="checkbox"/> Manager	Name: <u>Claudia Lara</u>
<input type="checkbox"/> Member	Address: <u>2200 WOODLAND POINTE AVENUE</u>	<input type="checkbox"/> Member	Address: <u>2200 WOODLAND POINTE AVENUE</u>
<input type="checkbox"/> Authorized	<u>HERNDON, VA 20171</u>	<input type="checkbox"/> Authorized	<u>HERNDON, VA 20171</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Assistant Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Assistant Secretary</u>	<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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOLKSWAGEN 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 SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOLKSWAGEN INSURANCE SERVICES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



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Jeffrey W. Bullock, Secretary of State

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