

F240000004018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

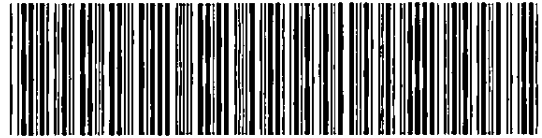
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-90512

Office Use Only



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06/04/24--01034--004 **27.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUL 30 PM 5:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2024

FRANK BELLNIER
6191 ORANGE DR SUITE 6151A
DAVIE, FL 33314 US

SUBJECT: INSURANCE WRITE CO LTD
Ref. Number: W24000090512

We have received your document for INSURANCE WRITE CO LTD and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 824A00012986

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSURANCE WRITE CO LTD (DOCUMENT# W24000090512)

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FRANK BELLNIER

Name of Person

INSURANCE WRITE CO

Firm/Company

6191 ORANGE DR SUITE 6151A

Address

DAVIE FLORIDA 33314

City/State and Zip code

frank@fleetworldllc.com

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

For further information concerning this matter, please call:

FRANK BELLNIER

at (585) 831-3240

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
JUN 24 2024

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. INSURANCE WRITE CO LTD, Inc.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

INSURANCE WRITE CO

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OKLAHOMA

(State or country under the law of which it is incorporated)

3. 99-3060971

(FEI number, if applicable)

4. 5/22/2024

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. NA

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6191 ORANGE DR SUITE 6151A DAVIE FL 33314

(Principal office street address)

(Current mailing address, if different)

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

Name: FRANK BELLNIER

Office Address: 6191 ORANGE DR SUITE 6151A

DAVIE

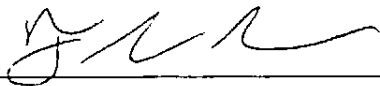
(City)

Florida 33314

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
24 JUL 30 PM 5:10

A. DIRECTORS

☐ Chairman Name: FRANK BELLNIER
☐ Vice Chairman Address: 6191 ORANGE DR SUITE 6151/
☒ Director DAVIE FL 33314
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

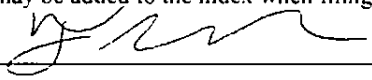
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. FRANK BELLNIER
(Typed or printed name and capacity of person signing application)



**Modoc
Nation**

22 N. Eight Tribes Trail

Miami, OK 74354

(918) 542-1190

modocnation.com

CERTIFICATE OF GOOD STANDING

Insurance Write Co., LTD

I, the undersigned, Business Registrar of the Modoc Nation, a sovereign federally recognized Indian Tribe by the United States of America (25 U.S.C. §861a(a), PL 95-281, § 2, (May 15, 1978)), do hereby certify that I am, by the laws of the Nation, the custodian of the records of the Modoc Nation including the right of certain business entities to transact business in this jurisdiction and am the proper officer to execute this certificate.

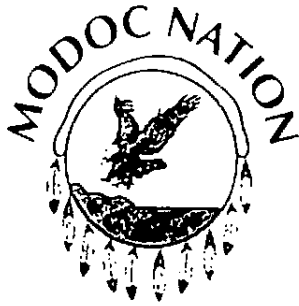
I further certify that Insurance Write Co., LTD is a TRIBAL INSURANCE COMPANY duly organized and existing under and by virtue of provisions of the Modoc Nation Business Corporation Ordinance, is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

Dated this 14th day of May 2024.

Ramona Rosiere

Secretary of the Modoc Nation

OFFICE OF THE MODOC NATION



**CERTIFICATE
OF
TRIBAL INSURANCE COMPANY**

WHEREAS, the Articles of Organization of

INSURANCE WRITE CO., LTD

*a Modoc Nation Tribal Insurance Company has been filed in the office of the
Modoc Nation as provided by the laws of the Modoc Nation.*

*NOW THEREFORE, I, the undersigned, Secretary of the Modoc Nation, by virtue
of the power vested in me by law, do hereby issue this certificate evidencing such
filing.*

*IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the
Great Seal of the Modoc Nation.*

EFFECTIVE DATE:

*Filed in the Modoc Nation this
22nd day of May 2024*

Ramona Raziere

Secretary of the Modoc Nation

OFFICE OF THE MODOC NATION



**CERTIFICATE
OF
TRIBAL INSURANCE COMPANY**

WHEREAS, the Articles of Organization of

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*IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the
Great Seal of the Modoc Nation.*

EFFECTIVE DATE:

*Filed in the Modoc Nation this
22nd day of May 2024*



Ramona Rozier

Secretary of the Modoc Nation



**Modoc
Nation**

22 N. Eight Tribes Trail

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