

M17000008436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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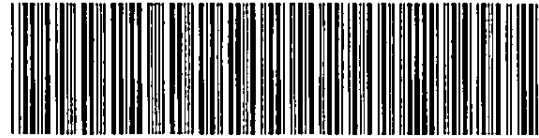
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 03 2017

J SHIVERS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Claims Consulting + Contracting 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:

Nader Anthony Odeh  
Name of Person  
Claims Consulting + Contracting LLC  
Firm/Company  
4405 Zenith St.  
Address  
Metairie, LA 70006  
City/State and Zip Code  
mariaarodeh@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Odeh at 504, 458-6041  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$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. Claims Consulting \* Contracting 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. Louisiana 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. September 20, 2017  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4405 Zenith St 6. Yellowstone Ct.  
(Street Address of Principal Office) (Mailing Address)  
Metairie, LA 70006 New Orleans, LA 70131

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

Name: Nader Anthony Odeh  
Office Address: 12461 S Indian River Dr.  
Jensen Beach, Florida 34957  
(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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:
<u>owner</u>	<u>Nader Odeh</u> <u>Yellowstone Ct.</u> <u>New Orleans, LA 70131</u>	

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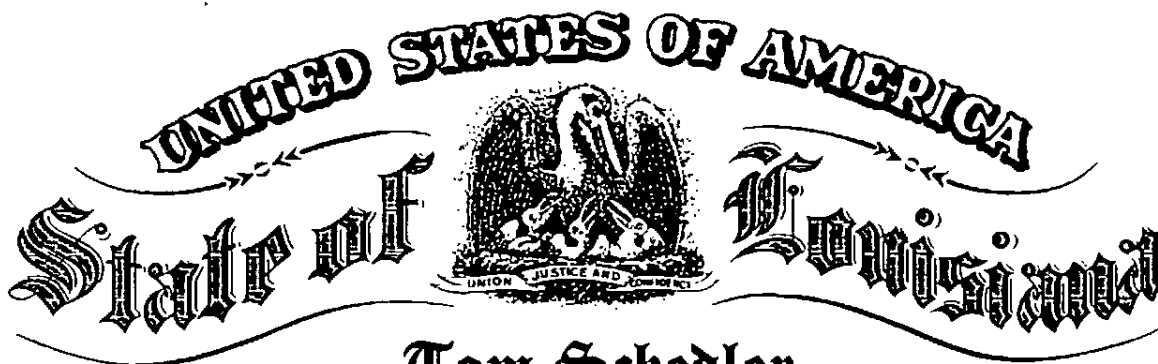
(Use attachments if necessary)

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 (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)

Nader Anthony Odeh  
(Typed or printed name of signer)



**Tom Schedler**

SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**CLAIMS CONSULTING & CONTRACTING L.L.C.**

A limited liability company domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on February 15, 2007,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 27, 2017

*Secretary of State*

Web 36384453K



Certificate ID: 10873447#MVM73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)