

M19000000401

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2018 NOV -7 AM 8:38
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JACKSONVILLE, FLORIDA

18 NOV -7 PM 4:09
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
JACKSONVILLE, FLORIDA

T. CLINE

JAN 14 2019

EXAMINER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 474155 8159607

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : November 6, 2018

ORDER TIME : 2:58 PM

ORDER NO. : 474155-020

CUSTOMER NO: 8159607

FOREIGN FILINGS

NAME: METHOD LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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TALLAHASSEE, FL
CLERK OF COURT



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2018

CSC
ROXANNE TURNER
TALLAHASSEE, FL

SUBJECT: METHOD LLC
Ref. Number: W18000097660

We have received your document for METHOD LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Corporation," "Inc.," or "Corp." Sections 617.0401(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 318A00023043

2018 NOV - 7 AM 8:38

FILED

19 JAN 11 PM 4:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Method 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:

Julie Richt

Name of Person

Method LLC dba Method Insurance Services

Firm/Company

13810 FNB Pkwy Ste 102

Address

Omaha NE 68154

City/State and Zip Code

julie.richt@methodinsurance.com

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

2018 NOV -7 AM 8:38

For further information concerning this matter, please call:

Julie Richt

402

557-6109

at ()

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. Method LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Method Insurance Services, 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. NV

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 47-5524839

(FEI number, if applicable)

4. 10/01/2018

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

5. 13810 FNB Pkwy Ste 102, Omaha NE 68154

(Street Address of Principal Office)

6. 13810 FNB Pkwy Ste 102, Omaha NE 68154

(Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.*

Corporation Service Company

By: 

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

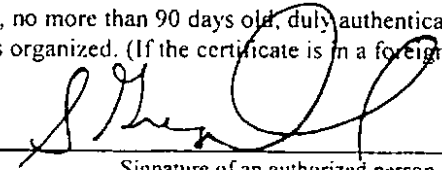
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

S. Greg Donsbach, Manager - 13810 FNB Pkwy Ste 102 Omaha NE 68154

Chris Daley, Manager - 13810 FNB Pkwy Ste 102 Omaha NE 68154

Julie Richt, Vice President - 13810 FNB Pkwy Ste 102 Omaha NE 68154

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)


Signature of an authorized person

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.

S. Greg Donsbach

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **METHOD LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 6, 2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 11, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190111-0700