M19000001446

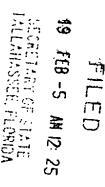
(Requestor's Name)						
(Address)						
(Address)						
	(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
. ((Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						
	-					
		;				

Office Use Only



000324181700

02/04/19--01021--021 **125.00



O SIMMONS FEB 1 1 2019

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ons			
SUBJI	LMS Adjusting, LI				
			Limited Liability	Company	
The er Exister	nclosed "Application by Fonce, and check are submitted	oreign Limited Liability Com led to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please	return all correspondence	concerning this matter to the	following:		
	Lisa Wilson				
		N	lame of Person		
	LMS Adjustin	g. LLC			
		F	irm/Company		
	1209 Kirkpatr	ick Circle			
			Address		
	Ormond Beach	h, FL 32174			
		City/S	State and Zip Code	-	
	lisawilson2277@	@gmail.com			
		E-mail address: (to be use	d for future annua	l report no	tification)
For fu	rther information concerni	ng this matter, please call:			
Lisa Wilson		352 at (630-08	86	
	Name	of Contact Person	Area Code	Day	rtime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301
Enclos	cd is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filia Certified Copy	ng Fee &	☐ \$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:

LMS Adjusting, LLC (Name of Foreign	Eimited Liability Company, must include "Limited	Hability Company," "LLC," or "LLC."	')
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Li	ability Company," "L.I. C." or "LLC ")
2 Colorado	, , ,	3 2017161840	, , , , , , , , , , , , , , , , , , , ,
(Jurisdiction under the law of which foreign limited liability company is organized)		• • • • • • • • • • • • • • • • • • • •	nber, it applicable)
.1			
7	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration)	
5 1209 Kirkpatrick Circl		1200 Kirkmatrials Cirola	
(Street Address of I	Principal Office)	(Mailing Ad	dress)
Ormond Beach, FL 32	174	Ormond Beach, FL 32174	200
			<u> </u>
	ss of Florida registered agent: (P.O. Box Lisa Wilson	NOT acceptable)	SSEED TO
Name:			GR. R
Office Address:	1209 Kirkpatrick Circle		25
	Ormond Beach	Florida 32174	
Registered agent's accep	(Cny)	(Zip co	de)
and accept the obligation.	s of my position as registered agent. (Refusered agent's s	ignature)	
	acity and address of the person(s) who has		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
CONTROL OF THE PARTY OF THE PAR	hisa Wilson	· (, , -	
MGR	amond Beach, Fr. 32174		
		• •	
(Use attachments if neces	sary)		
9. Attached is a certificate	of existence, no more than 90 days old, of which it is organized. (If the certificate	duly authenticated by the official he is in a foreign language, a transla	aving custody of records in the tion of the certificate under oat
10. This document is exec	uted in accordance with section 605,0203 of the Department of State constitutes a thi	(1) (b), Florida Statutes. I am award degree felony as provided for in	re that any false information s.817.155, F.S.
	Lisa Wilson		

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

LMS Adjusting, LLC

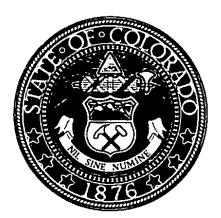
is a

Limited Liability Company

formed or registered on 08/17/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171618401.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/18/2019 that have been posted, and by documents delivered to this office electronically through 01/22/2019 @ 15:12:09.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/22/2019 @ 15:12:09 in accordance with applicable law. This certificate is assigned Confirmation Number 11343806



Secretary of State of the State of Colorado

******End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click/Businesses_trademarks_trade_numes/and_select/Frequently Asked Questions."