

M22000009428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

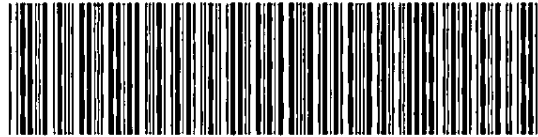
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 16 AM 11:19
TALLAHASSEE, FL 32301

RECEIVED
2022 JUN 16 AM 11:35
TALLAHASSEE, FL 32301

S. ROBERTS

JUN 16 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 744245 4312468

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 15, 2022

ORDER TIME : 9:47 AM

ORDER NO. : 744245-010

CUSTOMER NO: 4312468

FOREIGN FILINGS

NAME: LIMITLESS INSURANCE SERVICES,
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: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Limitless 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:

Name of Person

Corporation Service Company
Firm/Company

1201 Hays Street
Address

Tallahassee, FL 32301
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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:

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. Limitless 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/01/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 17777 N. Scottsdale Road, No. 4094 6. 17777 N. Scottsdale Road, No. 4094
(Street Address of Principal Office) (Mailing Address)

Scottsdale, AZ 85255 Scottsdale, AZ 85255

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)

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.

Eylina Bahar
Assistant Vice President
(Registered agent's signature)

2022 JUN 16 AM 11:19
TALLAHASSEE, FL
671-360

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Duncan McQueen

☐ Member Address: 1445 Ross Avenue, Floor 22

☒ Authorized Dallas, Texas 75202

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Bryan Adams

☐ Member Address: 1445 Ross Avenue, Floor 22

☒ Authorized Dallas, Texas 75202

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Steven Segrist

☐ Member Address: 1445 Ross Avenue, Floor 22

☒ Authorized Dallas, Texas 75202

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Eric Pederson

☐ Member Address: 1445 Ross Avenue, Floor 22

☒ Authorized Dallas, Texas 75202

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jayne Rothman

☐ Member Address: 1445 Ross Avenue, Floor 22

☒ Authorized Dallas, Texas 75202

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Hayden Hill

☐ Member Address: 17777 N. Scottsdale Road, No. 4094

☒ Authorized Scottsdale, AZ 85255

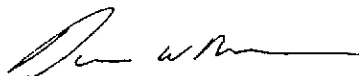
Person _____

☐ 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.

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

Duncan McQueen

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIMITLESS 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 FIFTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIMITLESS INSURANCE SERVICES, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2022.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

6770617 8300

SR# 20222739166

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203691249

Date: 06-15-22