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S. FRANKLIN

JUN 17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stellar Connected Claims 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:

Katherine Lenguadoro

Name of Person

Westmont Associates

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

Andria.hearon@gmfinancial.com

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

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For further information concerning this matter, please call:

Katherine Lenguadoro

856

216-0220

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

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. Stellar Connected Claims 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. Arizona

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

3. 88-0753054

(FEI number, if applicable)

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

5. 801 Cherry Street

(Street Address of Principal Office)

Suite 3500

Fort Worth, TX 76102

6. 801 Cherry Street

(Mailing Address)

Suite 3500

Fort Worth, TX 76102

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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: Laurel Bietsch

(Registered agent's signature)

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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>Andrew Rose</u> | <input type="checkbox"/> Manager | Name: <u>General Motors Financial Compar</u> |
| <input type="checkbox"/> Member | Address: <u>801 Cherry Street</u> | <input checked="" type="checkbox"/> Member | Address: <u>801 Cherry Street</u> |
| <input type="checkbox"/> Authorized | <u>Suite 3500</u> | <input type="checkbox"/> Authorized | <u>Suite 3500</u> |
| Person | <u>Fort Worth, TX 76102</u> | Person | <u>Fort Worth, TX 76102</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Susan B. Sheffield</u> | <input type="checkbox"/> Manager | Name: <u>Richard A. Gokenbach, Jr</u> |
| <input type="checkbox"/> Member | Address: <u>801 Cherry Street</u> | <input type="checkbox"/> Member | Address: <u>801 Cherry Street</u> |
| <input type="checkbox"/> Authorized | <u>Suite 3500</u> | <input type="checkbox"/> Authorized | <u>Suite 3500</u> |
| Person | <u>Fort Worth, TX 76102</u> | Person | <u>Fort Worth, TX 76102</u> |
| <input checked="" type="checkbox"/> Other CFO | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other Treasurer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Brandon Ellison</u> | <input type="checkbox"/> Manager | Name: <u>Joshua Lowagie</u> |
| <input type="checkbox"/> Member | Address: <u>801 Cherry Street</u> | <input type="checkbox"/> Member | Address: <u>801 Cherry Street</u> |
| <input type="checkbox"/> Authorized | <u>Suite 3500</u> | <input type="checkbox"/> Authorized | <u>Suite 3500</u> |
| Person | <u>Fort Worth, TX 76102</u> | Person | <u>Fort Worth, TX 76102</u> |
| <input checked="" type="checkbox"/> Other Corp. Couns./Sec. | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other AVP Claims Ops | <input type="checkbox"/> Other _____ |

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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.

Brandon Ellison
Signature of an authorized person

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Stellar Connected Claims Services, LLC

ACC file number: 23334843

was incorporated under the laws of the State of Arizona on 02/15/2022, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 05/11/2022



Matthew Neubert

Matthew Neubert, Executive Director