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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**Foreign Limited Liability Company
Advance Catastrophe Technologies, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

Help S. FRANKLIN
OCT 13 2022

DocuSign Envelope ID: 381B16B4-FB1B-47F3-96EF-251B8002F044

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:

Advance Catastrophe Technologies, LLC

1. _____
(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")
Kansas 90-0155486

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

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 603 (904 & 605.0905 F.S. to determine penalty liability)

4070 N Hoover Ct Wichita Kansas
67205

840 W Sam Houston PWKY N Suite
225

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

Houston, Texas 77024

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

C T Corporation System

Name: _____
1200 South Pine Island Road

Office Address: _____
Plantation

33324

_____, Florida _____
(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.

By: James Martin C T Corporation System James Martin - Assistant Secretary
(Registered agent's signature)

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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: Peter Bell
840 W Sam Houston
☐ Member Address: PWKY N Suite 225
☐ Authorized Houston, Texas 77024
 Person
☐ Other ☐ Other

☒ Manager Name: Trent Ketterer
840 W Sam Houston
☐ Member Address: PWKY N Suite 225
☐ Authorized Houston, Texas 77024
 Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ Other ☐ Other

Title or Capacity: Name and Address:
☒ Manager Name: Bruce Roberson
840 W Sam Houston
☐ Member Address: PWKY N Suite 225
☐ Authorized Houston, Texas 77024
 Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 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.

Designated by:
Peter J Bell
 E765A354231D426
 Signature of an authorized person

Peter Bell

Typed or printed name of signer

8/17/22, 11:43 PM

<https://www.kansas.gov/bess/flow/main?execution=e2s1>

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3405677

Entity Name: ADVANCE CATASTROPHE TECHNOLOGIES, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on December 23, 2002, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of August 17, 2022

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1232088 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

2022-12-12 11:19