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(Requestor's Name)

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(City/State/Zip/Phone #)

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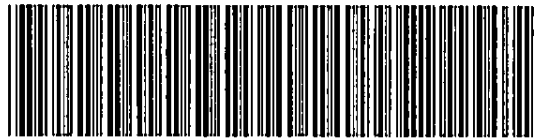
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Modern Claims Solutions, 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:

Gordon L Baker

Name of Person

Modern Claims Solutions

Firm/Company

680 S Cache Street Suite 100-8640

Address

Jackson, Wyoming 83001

City/State and Zip Code

Gbaker@modernclaimssolutions.com

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

For further information concerning this matter, please call:

Gordon L Baker

804 402-7801
at ()

Name of Contact Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2023

GORDON L BAKER
680 S CACHR ST STE 100-8640
JACKSON, WY 83001

SUBJECT: MODERN CLAIMS SOLUTIONS, LLC
Ref. Number: W23000012150

We have received your document for MODERN CLAIMS SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 323A00002227

**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. Modern Claims Solutions, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Jackson, Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEC number, if applicable)

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

5. 680 S Cache Street
(Street Address of Principal Office)

Suite 100-8640

Jackson, Wyoming 83001

6. 16404 Brieva De Avila
(Mailing Address)

Tampa, Florida 33613-1064

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

Name: Scott Gould

Office Address: 4300 Fox Tracc

Boyton Beach, Florida, Florida 33436
(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.


(Registered agent 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):

| <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: | Doug Ramsey <i>Ramsey (DNR)</i> | <input checked="" type="checkbox"/> Manager | Name: | Gordon L. Baker |
| <input type="checkbox"/> Member | Address: | 16404 Brieva De Avila | <input type="checkbox"/> Member | Address: | 1166 Winding Wood Trl |
| <input type="checkbox"/> Authorized | | Tampa Florida 33613-1064 | <input type="checkbox"/> Authorized | | Sebring Texas 75158 |
| | Person | | | Person | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | <input type="checkbox"/> Other | | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | | <input type="checkbox"/> Manager | Name: | |
| <input type="checkbox"/> Member | Address: | | <input type="checkbox"/> Member | Address: | |
| <input type="checkbox"/> Authorized | | | <input type="checkbox"/> Authorized | | |
| | Person | | | Person | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | <input type="checkbox"/> Other | | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | | <input type="checkbox"/> Manager | Name: | |
| <input type="checkbox"/> Member | Address: | | <input type="checkbox"/> Member | Address: | |
| <input type="checkbox"/> Authorized | | | <input type="checkbox"/> Authorized | | |
| | Person | | | Person | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | <input type="checkbox"/> Other | | <input type="checkbox"/> 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.

Doug Ramsey

Signature of an authorized person
Doug Ramsey

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Modern Claims Solutions, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 15, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001184306**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of January, 2023 at 1:34 PM. This certificate is assigned ID Number 057501920.




Secretary of State