

M230000009876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

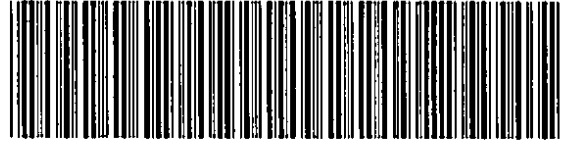
(Document Number)

Certified Copies _____

Certificates of Status _____

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RECEIVED
2023 JUL 28 PM 3:18
2023 JUL 28 PM 4:08
TALLAHASSEE, FLORIDA
SECTION OF STATE



MEENAN
REGULATORY AND LEGISLATIVE ATTORNEYS

July 28, 2023

Via Federal Express

REGISTRATION SECTION
FLORIDA DIVISION OF CORPORATIONS
THE CENTRE OF TALLAHASSEE
2415 N. MONROE STREET, SUITE 810
TALLAHASSEE, FL 32303

Re: ORANGE INSURANCE MANAGERS LLC
Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida

Dear Sir/Madam:

On behalf of ORANGE INSURANCE MANAGERS LLC, we enclose the following materials for registration with the state of Florida:

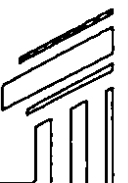
- Filing fee in the amount of \$130.00 – including a Certificate of Status;
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida completed and signed; and
- Domicile Certificate of Good Standing from Delaware.

If you have any questions regarding this application or the applicant, please contact me and I will be happy to expedite an answer.

Sincerely,

Halley P. Kelly, FRP
Paralegal
halley@meenanlawfirm.com

WJA/hpk
Enclosures



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORANGE INSURANCE MANAGERS 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:

William Anderson

Name of Person

Meenan PA

Firm/Company

PO Box 11247

Address

Tallahassee, FL 32302

City/State and Zip Code

halley@meenanolawfirm.com

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

For further information concerning this matter, please call:

William Anderson c/o Meenan PA

850

425-4000

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

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. ORANGE INSURANCE MANAGERS 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 93-2323908
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 301 NW 138th Terrace 6. 301 NW 138th Terrace
(Street Address of Principal Office) (Mailing Address)

Newberry, FL 32669

Newberry, FL 32669

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

Name: C T Corporation System
Office Address: 1200 S Pine Island Rd #250
Plantation, Florida 33324
(City) (Zip code)

2023 JUL 28 PM 3:18
FILED

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.

C T Corporation System Theresa Buck, Assistant Secretary
(Registered agent's signature)

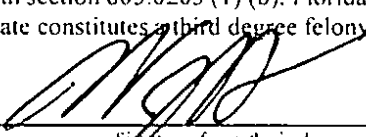
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Don Matz	<input type="checkbox"/> Manager	Name: Courtney Siders
<input type="checkbox"/> Member	Address: 301 NW 138th Terrace	<input type="checkbox"/> Member	Address: 301 NW 138th Terrace
<input type="checkbox"/> Authorized	Newberry, FL 32669	<input type="checkbox"/> Authorized	Newberry, FL 32669
Person		Person	
<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Secretary	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Michael McNitt	<input type="checkbox"/> Manager	Name: Dan Riddle
<input type="checkbox"/> Member	Address: 301 NW 138th Terrace	<input type="checkbox"/> Member	Address: 301 NW 138th Terrace
<input type="checkbox"/> Authorized	Newberry, FL 32669	<input type="checkbox"/> Authorized	Newberry, FL 32669
Person		Person	
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input type="checkbox"/> Other Treasurer, CFO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Inness Ultimate Holdings LLC	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 301 NW 138th Terrace	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Newberry, FL 32669	<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.



Signature of an authorized person

William Anderson c/o Meenan PA

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORANGE INSURANCE MANAGERS 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 TWENTY-FIFTH DAY OF JULY, A.D. 2023.

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



7559059 8300

SR# 20233078165

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203820809

Date: 07-25-23