

MZ3000009876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

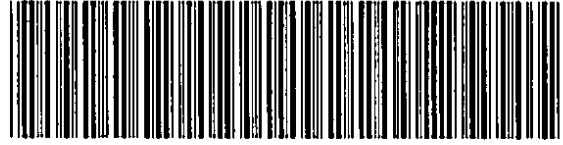
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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



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.

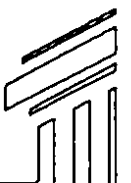
If you have any questions regarding this application or the applicant, please contact me and I will be happy to expedite an answer.

Sincerely,

A handwritten signature in black ink that reads "Halley P. Kelly". The signature is written in a cursive, flowing style.

Halley P. Kelly, FRP  
Paralegal  
[halley@meenanlawfirm.com](mailto: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@meenanlawfirm.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  
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. ORANGE INSURANCE MANAGERS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

(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 "L.L.C.")

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 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)

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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)



# Delaware

Page 1

The First State

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.



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.

7559059 8300

SR# 20233078165

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203820809

Date: 07-25-23