

M230000009877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entry Name)

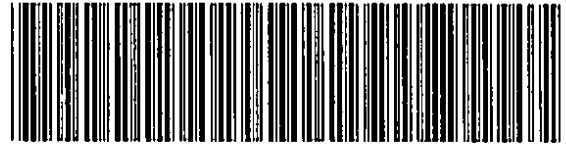
(Document Number)

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

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\$125.01

RECEIVED  
2023 JUL 28 PM 3:19  
2023 JUL 28 PM 4:09  
SECRETARY 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: INNESS CLAIMS SERVICES LLC**  
**Application by Foreign Limited Liability Company for Authorization to Transact**  
**Business in Florida**

Dear Sir/Madam:

On behalf of INNESS CLAIMS SERVICES LLC, we enclose the following materials for registration with the state of Florida:

- Filing fee in the amount of \$125.00;
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida completed and signed; and
- Domicile Certificate of Good Standing from Delaware.

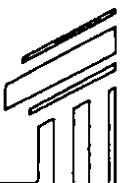
If you have any questions regarding this application or the applicant, please contact me and I will be happy to expedite an answer.

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:** INNESS 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:

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. INNESS 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. Delaware

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

3. 93-2395928

(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

(Street Address of Principal Office)

Newberry, FL 32669

6. 301 NW 138th Terrace

(Mailing Address)

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

(City)

, Florida 33324

(Zip code)

2023 JUL 28 PM 3:19  
CLERK OF COURT  
CLERK OF COURT

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*  
(Registered agent's signature)

Theresa Buck, Assistant Secretary

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: Don Matz

☐ Member Address: 301 NW 138th Terrace

☐ Authorized Newberry, FL 32669

Person \_\_\_\_\_

☒ Other CEO ☐ Other \_\_\_\_\_

☐ Manager Name: Michael McNitt

☐ Member Address: 301 NW 138th Terrace

☐ Authorized Newberry, FL 32669

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Inness Ultimate Holdings LLC

☒ Member Address: 301 NW 138th Terrace

☐ Authorized Newberry, FL 32669

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Courtney Siders

☐ Member Address: 301 NW 138th Terrace

☐ Authorized Newberry, FL 32669

Person \_\_\_\_\_

☒ Other Secretary ☐ Other \_\_\_\_\_

☐ Manager Name: Dan Riddle

☐ Member Address: 301 NW 138th Terrace

☐ Authorized Newberry, FL 32669

Person \_\_\_\_\_

☒ Other Treasurer, CFO ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

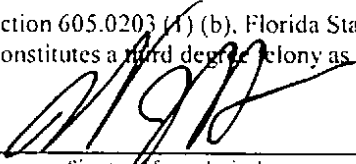
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
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 "INNESS CLAIMS SERVICES 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.



7553003 8300

SR# 20233078168

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203820812

Date: 07-25-23