(Requestor's Name)		
(Address)		
(Address)		
(Addicas)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
W23-168237		

Office Use Only



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11/28/23--01004--016 **125.00



M. SOLOMON JAN 1 0 2024

COVER LETTER

TO:

Registration Section

UBJECT:	Abacus Settlements, L. L. C			
Name of Limited Liability Company				
he enclosed xistence, ar	I "Application by Foreign Limited Liability of check are submitted to register the above	Company for Authorization to Transact Business in Florida." referenced foreign limited liability company to transact busin	Certificate of ness in Florida.	
lease return	all correspondence concerning this matter to	o the following:		
	Karen Teller			
		Name of Person		
	Abacus Settlements, L I C			
		Firm/Company		
2101 Park Center Drive, Ste 25 b				
Address		Address	5	
	Orlando, FL 32835			
	City/State and Zip Code		7 S	
	nancy@abacuslife.com		30: 4	
	E-mail address: (to be	used for future annual report notification)	: 30	
or further i	nformation concerning this matter, please ca	H:		
Karen Teller		at () 455-7708 Area Code Daytime Telephone Number		
	Name of Contact Person	Area Code Daytime Telephone Number		
	iling Address: gistration Section	Street Address: Registration Section		
	vision of Corporations	Division of Corporations		
	D. Box 6327	The Centre of Tallahassee		
Та	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEF S125.00 Filing Fee S130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee,		

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

Abacus Settlements, L L	SINESS IN THE STATE OF FLORIDA: . C				
(Name of Foreign L	imited Liability Company; must include "Linu	ted Liability Company, ""L.L.C.," or "LLC.")	-		
(If mame unavailable, enter alternate na	time adopted for the purpose of transacting business in	Florids. The alternate name must include "Limited Liability Company," "LLC," or "	- -uc1		
Delaware		42-1616777			
2. (Turisdiction under the law of wh	sich föreign limited flability company is organized)	3. (FEI number, if applicable)			
6/13/2023 Converted out of F	lorida 2023 to Delaware and reapplying in F	lorida as as a Foreign from Delaware			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.) rmine penalty liability)			
2101 Park Center Drive Ste 25 ()		2101 Park Center Drive Ste 250	2024		
(Street Address of Principal Office)		(Mailing Address)	- J		
Orlando, FL 32835		Orlando, FL 32835	1024 JAN 10		
		; ·			
	 		_ 辛 :		
7. Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	. 9: 50 		
Name:	NRAI Services Inc		-		
Office Address:	1200 South Pine Island Road				
	Planatation	33324 , Florida			
	(City)	(Zip code)			
designated in this applica to comply with the provisi	gistered agent and to accept service (ition, I hereby accept the appointmen	of process for the above stated limited liability company at a registered agent and agree to act in this capacity. I further and complete performance of my duties, and I am family the state of the sta	rther agree		

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:	Title or Capacity:	Name and Address:	
□Manager	Name: Karen Teller	■Manager	Name:	
□Member	Address: 2101 Park Center Drive Ste 250	□Member	Address: 2101 Park Center Drive Ste 250	
■Authorized	Orlando, FL 32835	□Authorized	Orlando, FL 32835	
Person		Person		
Other	Other	□Other	□Other	
■Manager	Name: Kevin Scott Kirby	■Manager	Name: Todd Sean McNealy	
□Member	Address: 618 W 2nd Ave	□Member	Address: 6131 Grosveor Shore Drive	
□Authorized	Windermere, FL 34786	□Authorized	Windermere, FL 34786	
Person		Person	202	
□Other	Other	□Other	□Other □	
			70	
■ Manager	Name: Matthew Ganovsky	□Manager	Name: 2 9 0	
□Member	Address: 11450 Lake Butler Blvd	□Member	Address: 97	
□Authorized	Windermere, FL 34786	□Authorized		
Person		Person		
□Other	Other	□Other		

<u>Important Notice:</u> 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.847.155, F.S.

16 Smg 10		
	Signature of an authorized person	
Kevin Scott Kirby		
	Typed as ariased name of signer	

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ABACUS SETTLEMENTS, 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 EIGHTH DAY OF JANUARY, A.D. 2024.

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

Authentication: 202546893

Date: 01-08-24



December 19, 2023

KAREN TELLER 2101 PARK CENTER DRIVE, STE 170 ORLANDO, FL 32835 US

SUBJECT: ABACUS SETTLEMENTS, L.L.C.

Ref. Number: W23000168237

We have received your document for ABACUS SETTLEMENTS, L.L.C and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$3,136.25.

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

Ariel Jones Regulatory Specialist II

RECEIVED
JAN 1 0 2024

Letter Number: 423A00028915