

MZ4000000715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

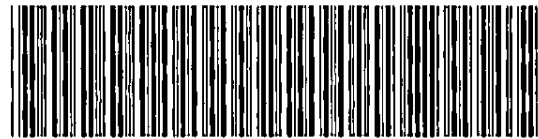
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INVESTIGATION

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2024
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2024 JAN 22 PM 6:29

JAN 22 2024

K. Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 831374 7725496

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 22, 2023

ORDER TIME : 1:27 PM

ORDER NO. : 831374-475

CUSTOMER NO: 7725496

FOREIGN FILINGS

NAME: CLAIMSOLUTION SOUTHEAST LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker EXT#

EXAMINER: _____

**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. ClaimSolution Southeast 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. MO 3. 87-3974042
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 10955 Lowell Ave., Ste. 1007 6. 10955 Lowell Ave., Ste. 1007
(Street Address of Principal Office) (Mailing Address)
Overland Park, KS 66210 Overland Park, KS 66210

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE
FLORIDA

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.

Corporation Service Company

By: _____

Eyline Baker
Assistant Vice President

(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]:

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

☒ Manager Name: Mark Snow

☐ Member Address: 10955 Lowell Ave., Ste. 1007

☐ Authorized Overland Park, KS 66210

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: CSHOLDINGS

☒ Member Address: 10955 Lowell Ave., Ste. 1007

☐ Authorized Overland Park, KS 66210

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Alton Jumper

☒ Member Address: 10955 Lowell Ave., Ste. 1007

☐ Authorized Overland Park, KS 66210

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Katie Herzog

☒ Member Address: 10955 Lowell Ave., Ste. 1007

☐ Authorized Overland Park, KS 66210

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

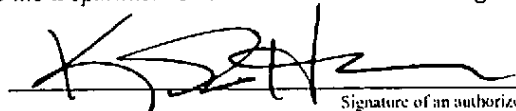
Person _____

☐ 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 §.817.155, F.S.


Signature of an authorized person

Katie Herzog

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION

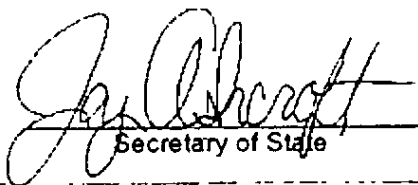
CERTIFICATE OF GOOD STANDING

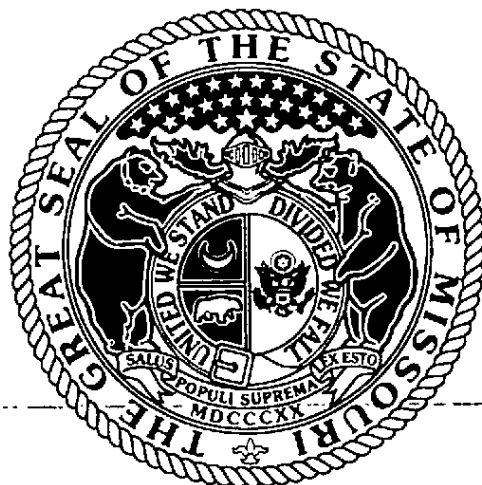
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

CLAIMSOLUTION SOUTHEAST LLC
LC001545804

was created under the laws of this State on the 3rd day of July, 2017, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 19th day of January, 2024.


Secretary of State



Certification Number: CERT-01192024-0034