

M24000002843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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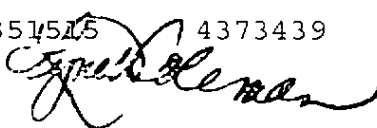
MAR 06 2024

K. Brumbley

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

ACCOUNT NO. : I20000000195

REFERENCE : 351515 4373439

AUTHORIZATION : 

COST LIMIT : \$ 125.

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ORDER DATE : March 4, 2024

ORDER TIME : 4:10 PM

ORDER NO. : 351515-005

CUSTOMER NO: 4373439  
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FOREIGN FILINGS

NAME: INNOCOM AGENCY, 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: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Innocom Agency, 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:

Greg Brinkmeyer

Name of Person

Legacy Restoration, LLC

Firm/Company

15350 25th Avenue North Suite 114

Address

Plymouth, MN 55447

City/State and Zip Code

[gbrinkmeyer@legacyrestorationllc.com](mailto:gbrinkmeyer@legacyrestorationllc.com)

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

For further information concerning this matter, please call:

Greg Brinkmeyer

612

412-3422

**a** (\_\_\_\_\_)

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Street Address

Registration Section

Registration Section

Division of Corporations

Division of Corporations

P.O. Box 6327

## The Centre of Tallahassee

Tallahassee, FL 32314

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
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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. Innocom Agency, 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 3. 93-4723392  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 5, 2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15350 25th Avenue North Suite 114 6. 15350 25th Avenue North Suite 114  
(Street Address of Principal Office) (Mailing Address)  
Plymouth, MN 55447 Plymouth, MN 55447

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)

2024 MAR -5 PM 2:46

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.

Shauna Godbolt

(Registered agent's signature)

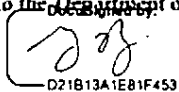
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Legacy Restoration, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Scott Mullins</u>
<input checked="" type="checkbox"/> Member	Address: <u>15350 25th Avenue North</u>	<input type="checkbox"/> Member	Address: <u>15350 25th Avenue North</u>
<input type="checkbox"/> Authorized	<u>Suite 114</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 114</u>
Person	<u>Plymouth, MN 55447</u>	Person	<u>Plymouth, MN 55447</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Mike McComas</u>	 <input type="checkbox"/> Manager	Name: <u>Greg Brinkmeyer</u>
<input type="checkbox"/> Member	Address: <u>15350 25th Avenue North</u>	<input type="checkbox"/> Member	Address: <u>15350 25th Avenue North</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 114</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 114</u>
Person	<u>Plymouth, MN 55447</u>	Person	<u>Plymouth, MN 55447</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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.

  
D21B13A1E81F453

Signature of an authorized person

Gregory Brinkmeyer

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOCOM AGENCY, 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 FOURTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNOCOM AGENCY, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State