

MA240000057892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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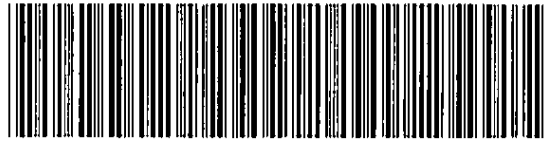
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 19 2024

T. LEMIEUX

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Indigo Insure 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:

Kristie Washington

Name of Person

Resource Pro

Firm/Company

111 N. Railroad.

Address

Groesbeck, TX 76642

City/State and Zip Code

john@getindigo.com

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

For further information concerning this matter, please call:

Kristie Washington

254

729-6164

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. Indigo Insure 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. DE 3. 921645148  
(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. 25 SE 2nd Ave, Ste 550 #397 6. 25 SE 2nd Ave, Ste 550 #397  
(Street Address of Principal Office) (Mailing Address)  
Miami, FL 33131 Miami, FL 33131

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

Name: Corporate Creations Network Inc.  
Office Address: 801 US Highway 1  
North Palm Beach 33408  
(City) , Florida (Zip code)

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OFFICE  
TALLAHASSEE, FL

**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.*

Marie Edwards Marie Edwards - Special Secretary  
(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: Jared Kaplan

☐ Member              Address: 25 SE 2nd Ave. Ste 550 #397

☐ Authorized              Miami, FL 33131

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☒ Manager              Name: John Davis

☐ Member              Address: 25 SE 2nd Ave. Ste 550 #397

☐ Authorized              Miami, FL 33131

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

☒ Manager              Name: Jason Foucher

☐ Member              Address: 25 SE 2nd Ave. Ste 550 #397

☐ Authorized              Miami, FL 33131

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☒ Manager              Name: William Wolfe Jr.

☐ Member              Address: 25 SE 2nd Ave. Ste 550 #397

☐ Authorized              Miami, FL 33131

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 s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

John Davis

\_\_\_\_\_  
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 "INDIGO INSURE 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 TWELFTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INDIGO INSURE LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2022.

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



7150271 8300

SR# 20242857415

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203695962

Date: 06-12-24



111 N RAILROAD STREET  
P.O. BOX 390  
GROESBECK, TX 76693

June 12, 2024

Region Code 3283

Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Fax: 850-245-6014

**Ref: Application for Registration – Foreign LLC**

Dear Sir/Madam:

We are filing the following documents on behalf of **Innovative Stop Loss Solutions LLC**

The items checked below are enclosed.

- ☒ Application for Registration
- ☒ Check #12664 Amount \$130.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

*Kristie Washington*

Kristie Washington  
Specialist, Annuals and Corporates  
Resource Pro  
111 N. Railroad St  
P.O. Box 390  
Groesbeck, TX 76642  
Ph: 254.729.6164  
Fax: 254.729.8069  
Email: kristie\_washington@resourcepro.com

742