

M24000008782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

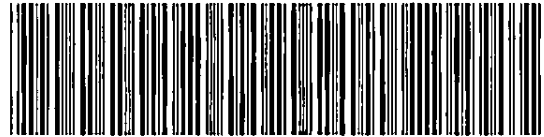
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

REC
1-18-24

W24-22521

Office Use Only



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02/09/24--01011--003 **125.00

JUL 11 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2024

ALISON KLEIN
21 VISTA POINT
SAVANNAH, GA 31406

SUBJECT: INSOURCE, LLC
Ref. Number: W24000022521

We have received your document for INSOURCE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L22000328772.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 424A00002963

RECEIVED

JUN 24 2024



Insurance Compliance Center

June 21, 2024

Corporations Division
Florida Dept. of State
P O. Box 6327
Tallahassee, FL 32314

Re: Foreign Authority Filing; Insource, LLC

Dear Sir or Madam:

As per your letter dated Feb 9, 2024, please find enclosed with this letter the amended Application for Foreign Limited Liability Company for Authorization to Transact Business in Florida. A check in the amount of One Hundred and Twenty-Five Dollars (\$125.00) for the filing fees is also enclosed.

Based on the above, I would like to respectfully request your review of the enclosed materials and if all meets with your approval, the amending of the foreign authority. During your review, should you find you have questions, please feel free to contact me as our firm has been retained to represent Insource, LLC in this matter.

I do appreciate your assistance in this matter and look forward to your response.

Respectfully,

RECEIVED

JUN 24 2024

Alison Klein
Licensing Specialist

AGK: sm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Insource, 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:

Alison Klein

Name of Person

Insurance Compliance Center

Firm/Company

21 Vista Point

Address

Savannah, GA 31406

City/State and Zip Code

alison@insurancecompliancecenter.com

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

For further information concerning this matter, please call:

Alison Klein

Name of Contact Person

at (912)

Area Code

353-7013

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Insource, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Insource Life and Annuity Sales, 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. Indiana

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

3. 35-1738936

(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. 8275 Allison Pointe Trail

(Street Address of Principal Office)

6. 8275 Allison Pointe Trail

(Mailing Address)

Suite 110

Suite 110

Indianapolis, IN 46250

Indianapolis, IN 46250

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee

(City)

Florida

32301

(Zip code)

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.



(Registered agent's signature)

Sheila Carroll, 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: James C. Nickens, Jr.

☐ Member Address: 8275 Allison Pointe Trail

☐ Authorized Suite 110

Person Indianapolis, IN 46250

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Michael Mullan

☐ Member Address: 19520 W. Catawba Ave.

☐ Authorized Suite 200

Person Cornelius, NC 29031

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

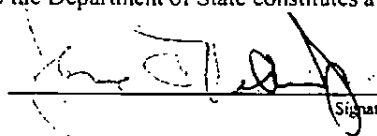
Person _____

☐ 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 s.817.155, F.S.



Signature of an authorized person

James C. Nickens, Jr.

Typed or printed name of signer

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INSOURCE, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 23, 1988, and was in existence or authorized to transact business in the State of Indiana on June 21, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 21, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

1988050936 / 20243831614

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 21, 2024.