

MZ40000011023

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

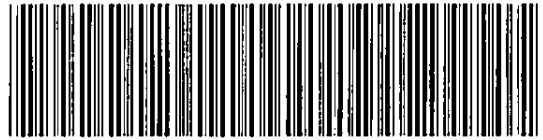
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

MZ4000117122

Office Use Only



100434624221

08/14/24--01014--007 \*\*125.00

MZ400023 FN 4:32



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2024

TIMOTHY PORCO  
1000 NOBLE ENERGY DR. STE 280  
CANNONBURG, PA 15317 US

SUBJECT: NESTWORTH, LLC  
Ref. Number: W24000117122

We have received your document for NESTWORTH, 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):

We rejected your file because your certificate says one thing while you wrote something else. Nestworth, LLC is available to be used. Next we do not use the word founder/co-founder on LLC's. Come up with another title please. If you have any questions regarding this letter, you are more than welcome to call me 850-245-6904 to discuss.,

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.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 024A00018489

*Rec'd  
8/27/24*

## Tim Porco

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**From:** Agent Licensing <AgentLicensing@myfloridacfo.com>  
**Sent:** Wednesday, August 7, 2024 8:43 AM  
**To:** Tim Porco  
**Subject:** RE: Nestworth company

Good morning,

Thank you for contacting the Florida Department of Financial Services, Bureau of Licensing.

This DBA name "**Nestworth Financial and Insurance**" will be approved. The DBA will need to be registered with the Florida Division of Corporations. You will need to contact Sunbiz at 850.245.6000 for assistance with filing the DBA name. Upon filing the DBA name, you will need to send a request to AgentLicensing@MyFlorida.com along with supporting documentation to add the DBA to the agency name.

For questions regarding this message, please reply directly to this email. For more information regarding licensure and compliance in Florida, please visit our website at <http://www.myfloridacfo.com/Division/Agents/default.htm>.

Sincerely,

**Carmelo Jean-Charles**

Government Analyst I

Division of Insurance Agent & Agency Services

Representing Chief Financial Officer Jimmy Patronis

Florida Department of Financial Services

[www.myfloridacfo.com](http://www.myfloridacfo.com)



**From:** Tim Porco <tim@swinsurancepartners.com>  
**Sent:** Thursday, August 1, 2024 9:45 AM  
**To:** Agent Licensing <AgentLicensing@myfloridacfo.com>  
**Subject:** Nestworth company

Hello,

I am responding to the email below.

Our company name is Nestworth, LLC. See Attached documents.

We cannot just change our company name to appease the state of Florida. Is that what you are asking?

If you want a DBA, we can change to Nestworth Financial and Insurance. How would we go about getting this approved for your state?

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NESTWORTH, 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:

Timothy Porco  
Name of Person

NESTWORTH, LLC  
Firm/Company

1000 NOBLE ENERGY DR. STE. 280  
Address

CANDYSBURG, PA 15317  
City/State and Zip Code

tim@SWINSURANCE PARTNERS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Porco at ( 724 ) 554-0957  
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. NESTWORTH, 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. GEORGIA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-4796562  
(FEI number, if applicable)

4. NOTHING YET  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4062 PEACHTREE RD. NE  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

UNITA Box 167

BROOK HAVEN, GA 30319

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

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312  
(City) (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)

Kristen Ellison,  
Asst. Secretary

7/24 AUG 23 PM 6:32


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 checked="" type="checkbox"/> Manager	Name:	<u>CHRIS YOULTON</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>DON FRAZIER</u>	
<input type="checkbox"/> Member	Address:	<u>PO BOX 3218</u>		<input type="checkbox"/> Member	Address:	<u>316 N. PAYNE ST.</u>	
<input type="checkbox"/> Authorized		<u>NEDERLAND, CO 80466</u>		<input type="checkbox"/> Authorized		<u>ALEXANDRIA, VA 22314</u>	
Person				Person			
Other		<input type="checkbox"/> Other		Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	<u>LEE MELCHIONI</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>SCOTT SWINCHOCK</u>	
<input type="checkbox"/> Member	Address:	<u>1537 TRYON RD. NE</u>		<input type="checkbox"/> Member	Address:	<u>1000 NOBLE ENERGY DR.</u>	
<input type="checkbox"/> Authorized		<u>BROOK HAVEN GA 30319</u>		<input type="checkbox"/> Authorized		<u>CANDYSBURG PA 15317</u>	
Person				Person			
Other		<input type="checkbox"/> Other		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			
Other		<input type="checkbox"/> Other		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.

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

Scott B Swinchock  
\_\_\_\_\_  
Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **Nestworth, LLC**

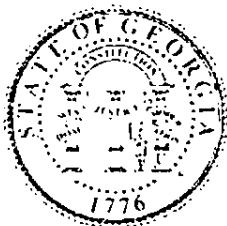
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	27205291
Date Inc Auth Filed	12/11/2023
Jurisdiction	Georgia
Print Date	04/04/2024
Form Number	211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State