

M24 0000 13096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

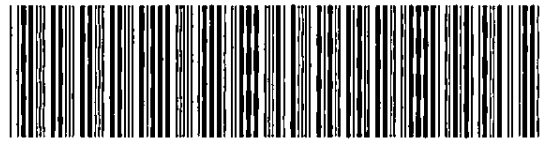
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000437135440

SEP 30 2024

RECEIVED

SEP 30 2024

SEP 30 2024

SEP 30 2024

SEP 30 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Delta Medicare 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:

Natalie Dunkin

Name of Person

Supportive Insurance Services

Firm/Company

1610 South Old Decker Road

Address

Vincennes, IN 47591

City/State and Zip Code

Zallen@deltafinanciallife.com

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

For further information concerning this matter, please call:

Natalie Dunkin

Name of Contact Person

at (812)

Area Code

494-2381

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. Delta Medicare 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. Texas 3. 99-0877192
(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. 1024 Lufkin Lane 6. 1024 Lufkin Lane
(Street Address of Principal Office) (Mailing Address)

Forney, TX 75126 Forney, TX 75126

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

Name: Paracorp Incorporated

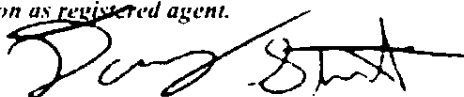
Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(City) (Zip code)

2024 SEP 30 AM 10:07

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)

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: Zachary Allen
☐ Member Address: 71 Stonehedge Lane
☐ Authorized Tamaqua, PA 18252
Person _____
☐ 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: Gregory Birch
☐ Member Address: 1024 Lufkin Lane
☐ Authorized Forney, TX 75126
Person _____
☐ Other _____ ☐ Other _____

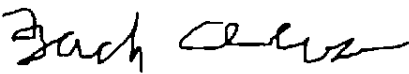
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ 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 s.817.155, F.S.

→ 
Signature of an authorized person

Zachary Allen, Manager
Typed or printed name of signer

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

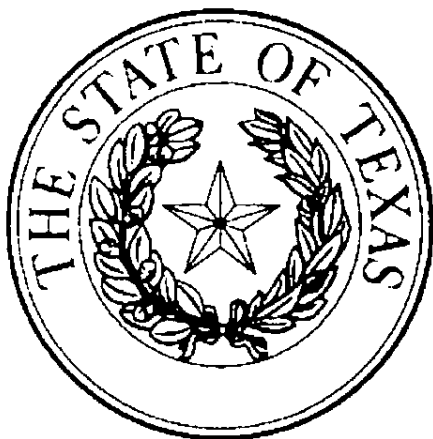
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Delta Medicare LLC (file number 805388149), a Domestic Limited Liability Company (LLC), was filed in this office on January 22, 2024.

It is further certified that the entity status in Texas is in existence.

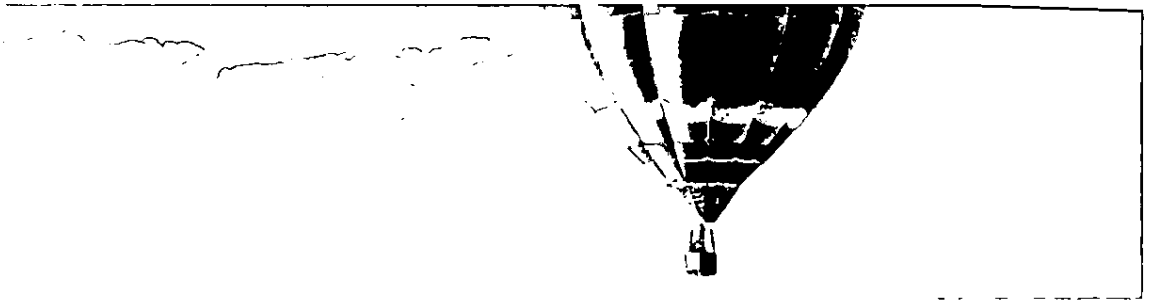
In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 23, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State

Supportive Insurance Services



DATE: September 23, 2024
TO: Secretary of State

FROM: Natalie Dunkin
Licensing Administrator

RE: Certificate of Authority

Please forward any questions or additional requirements to ndunkin@supportiveis.com or contact 812 494 2381. When completed, the certificate should be mailed to:

Supportive Insurance Services, LLC
1610 South Old Decker Road
Vincennes, IN 47591

Enclosures