

1124000013790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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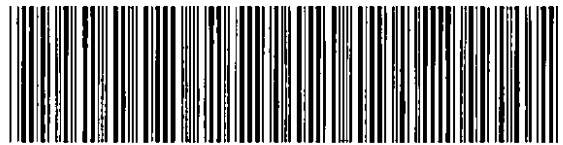
(Business Entity Name)

(Document Number)

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

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reservoir Insurance Brokers LLC dba InsurEdge Group  
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:

Stephanie Forbes  
Name of Person

Reservoir Insurance Brokers LLC dba InsurEdge Group  
Firm/Company

1225 N Main Street  
Address

Meridian, ID 83642  
City/State and Zip Code

info@goinsuredge.com; Katrina@goinsuredge.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katrina McLean at (208) 398-3931  
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. Reservoir Insurance Brokers 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. Idaho  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-2472329  
(FEI number, if applicable)

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

5. 1225 N Main Street  
(Street Address of Principal Office)

6. 1225 N Main Street  
(Mailing Address)

Meridian, ID 83642

Meridian, ID 83642

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

Name: URS Agents LLC

Office Address: 3458 Lakeshore Dr

Tallahassee, Florida 32312  
(City) (Zip code)

2021 OCT 15 PM 3:17

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.

URS Agents, LLC  
by: Mitt Thompson, Assistant Secretary  
(Registered agent's signature)

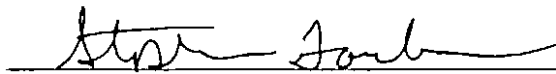
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Stephanie Forbes</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Concierge Legacy Advisors</u>
<input checked="" type="checkbox"/> Member	Address: <u>1225 N. Main St</u>	<input checked="" type="checkbox"/> Member	Address: <u>776 E Riverside Dr</u>
<input type="checkbox"/> Authorized	<u>Meridian ID 83646</u>	<input type="checkbox"/> Authorized	<u>Ste #200 Eagle, ID 83616</u>
Person	_____	Person	<u>Van Carlson</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 _____
 <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.

  
Signature of an authorized person

Stephanie Forbes  
Typed or printed name of signer



# STATE OF IDAHO

Phil McGrane | Secretary of State

**Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83720

October 8, 2024

**Request Type: Certificate of Existence/Filing**

Request #: 0005932728

Receipt #: 001046879

Issuance Date: 10/08/2024

Copies Requested: 0

**Regarding: Reservoir Insurance Brokers, LLC**

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 05/19/2022

Status: Active-Existing

Duration Term: Perpetual

File #: 4752876

Formation Locale: IDAHO

Inactive Date:

## Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### **Reservoir Insurance Brokers, LLC**

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

**Idaho Secretary of State**

Processed By: Business Division

**Verification #: 030956326**