IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

D.D. & J.D., by and through their next friend, Jocelyn Durrant; D.M., by and through his next friend, Rebecca Moris,

Petitioners,

v.

Case No. 2026-CA-520

Florida Healthy Kids Corporation And Florida Agency for Health Care Administration,

Respondents.
_____/

FLORIDA HEALTHY KIDS CORPORATION AND FLORIDA AGENCY FOR HEALTHCARE ADMINISTRATION'S RESPONSE TO ORDER TO SHOW CAUSE

Respondents, FLORIDA HEALTHY KIDS CORPORATION ("FHKC") and FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION ("AHCA"), collectively ("Respondents"), through counsel, and pursuant to Florida Rules of Civil Procedure 1.630(e) and 1.140, submit Respondents' Response to Order to Show Cause, and state as follows:

INTRODUCTION

The families of the Petitioners ("Petitioners") applied to have their eligibility determined for the Kidcare program. The Florida Healthy Kids Corporation ("FHKC") advised Petitioners that their respective alleged incomes, 242% and 246% of the federal poverty level, were too high to qualify for Kidcare's lower cost healthcare coverage, but they could enroll in the full-pay Kidcare. *See* Complaint for Writ of Mandamus ("Complaint") at ¶¶ 59, 64, 75.

Petitioners challenge this decision in their Complaint for a Writ of Mandamus. Petitioners argue that under section 409.814, Florida Statutes, "[a] child who has not reached 19 years of age

whose family income is equal or below 300 percent of the federal poverty level is eligible for the Florida Kidcare Program as provided in this section[,]" so Petitioners could not be denied lower cost healthcare coverage since Petitioners allege they make under 300% of the federal poverty level.

A complaint for writ of mandamus "must establish a clear legal right to performance of the act requested, an indisputable legal duty, and no adequate remedy at law." *Radford v. Brock*, 914 So. 2d 1066, 1067 (Fla. 2d DCA 2005) (internal citations omitted). A petitioner must prove each element, and if a petitioner fails to prove any element, mandamus cannot be compelled. *Est. of White v. Fla. Med. Exam'rs Comm'n*, 416 So. 3d 400, 404 (Fla. 1st DCA 2025).

Accordingly, Petitioners' Complaint for Writ of Mandamus must be dismissed for several reasons. First, Petitioners' cause of action for failure to make healthcare services available under the Kidcare program (defined by sections 409.810-409.821, Florida Statutes) is barred by sections 409.813(2) and 624.91(4), Florida Statutes. Second, there is no clear legal duty, because CMS has not approved AHCA's application as submitted and instead attempted to impose a 12-month continuous eligibility requirement that AHCA is contesting through federal litigation. *See State of Florida, et al. v. Centers for Medicare and Medicaid Services, et al.*, Case No. 3:26-cv-915 (N.D. Fla.). . Lastly, mandamus is not available when Petitioners have other adequate remedies at law. Petitioners have not pursued or exhausted Rule 59G-14.001(3), Florida Administrative Code, which provides for review of a decision to FHKC's "Chief Executive Officer (Officer) or designee[,]" then review of that decision to AHCA.

If the Court finds that for any of the above bases mandamus cannot be compelled, then adjudication of the other remaining bases is not necessary for the Complaint for Mandamus to be dismissed.

BACKGROUND

On June 23, 2023 Governor DeSantis signed into law Florida H.B. 121 to expand subsidized health care coverage for school-age children with family incomes from 200% to 300% of the federal poverty level, who do not qualify for Medicaid. To provide context leading to the passage and implementation of H.B. 121, since 1998 Kidcare insurance has been part of Florida's Children's Health Insurance Program ("CHIP"), a federal-state partnership under Title XXI of the Social Security Act, Pub. L. No. 105-33, §4901, 111 Stat. 251, 552 (1997). CHIP allows states to obtain federal reimbursement for certain related expenditures so long as their programs have been approved by CMS and generally comply with federal standards.[1] 42 U.S.C. § 1397ff(a), (d)(2). Under Florida's Kidcare, if there is a failure to pay a monthly premium, the enrollee would be disenrolled after a 30-day grace period. Ex. 1, Florida Kidcare Program, Amendment FL-22-0034-CHIP 177 pp. 97, 177-178 (Mar. 11, 2021).

In 2024, to fulfill the commitment to CHIP expansion required by H.B. 121, AHCA sought approval for a demonstration project under section 1115 ("application"). Section 1115 of the Social Security Act allows CMS to approve "any experimental, pilot, or demonstration project which…is likely to assist in promoting the objectives" of CHIP and provide federal reimbursement for state expenditures. 42 U.S.C. § 1315(a). If AHCA's application was approved it would increase the family income threshold for subsidized health insurance under CHIP from 210% of the federal poverty level to 300% of the federal poverty level.[2]

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[1] This federal-state partnership functions as a contract. When CMS added STC 5.2, it made a counteroffer to AHCA. *See Medina v. Planned Parenthood*, 606 U.S. 357, 365 for the proposition that Article I, Section 8, clause 1's spending power allows Congress to offer funds to State that agree to certain conditions. *See, e.g., South Dakota v. Dole*, 483 U.S. 203, 207-208, 107 S.Ct. 2793, 97 L.Ed.2d 171 (1987).

[2] The income thresholds are the modified adjusted gross income (MAGI) values. *See Florida MAGI Conversion Results* (June 27, 20913), https://perma.cc/D58H-KTZU. *See also* Petitioners' Complaint for Writ of Mandamus, ¶22 n. 2.

In response to AHCA's Application, CMS notified AHCA that it had approved the application, but contingent on various special terms and conditions ("STCs"). Ex. 2, Letter from Chiquita Brooks-LaSure, CMS Adm'r to Brian Meyer, AHCA Deputy Sec'y for Medicaid (Dec. 2, 2024). CMS has conditioned its approval on compliance with STC 5.2, outside the scope of AHCA's application. The part of STC 5.2 relevant to this case is, "[i]ndividuals may not be disenrolled from this demonstration for failure to pay the monthly premium during the individual's 12-month continuous eligibility period." Ex. 2, Letter from Chiquita Brooks-LaSure, p.10 of the accompanying Expenditure Authority document. In response to CMS advising of this condition for accepting AHCA's application, AHCA informed CMS it would accept if CMS would modify STC 5.2 by eliminating the prohibition on disenrollment. Ex. 3, Email from Brian Meyer, AHCA Deputy Sec'y for Medicaid, to Daniel Tsai, CMS Deputy Adm'r and Dir. (Jan. 15, 2025).

However, CMS rejected the modification for ACHA to accept and countered, "CMS is unable to accept your requested modification[.]" Ex. 4, Letter from Daniel Tsai, CMS Deputy Adm'r and Dir., to Brian Meyer, AHCA Deputy Sec'y for Medicaid (Jan. 17, 2025). AHCA is currently in litigation with CMS seeking a declaration that STC 5.2 is unlawful, to have it set aside, and to enjoin CMS from enforcing it as a condition of the Extension program. *See State of Florida, et al. v. Centers for Medicare and Medicaid Services, et al.*, Case No. 3:26-cv-915 (N.D. Fla.). AHCA is unable to fulfill the commitment to CHIP expansion provided in H.B 121 because CMS has not approved AHCA's application as submitted.

MEMORANDUM OF LAW

I. Statutory Bar to Petitioners' Cause of Action

Petitioners assert a cause of action in the form of a Complaint for Writ of Mandamus. Petitioners were advised by FHKC their income was too high to qualify for subsidized Kidcare coverage, so Petitioners seek mandamus to compel subsidized coverage. However, there are statutory bars to Petitioner's claims provided by sections 409.813(2) and 624.91(4), Florida Statutes, which both unequivocally provide there can be no cause of action for "failure to make health services available" through the Kidcare program. Section 409.813(2), Florida Statutes, states:

> Except for Title XIX-funded Florida Kidcare Program coverage under the Medicaid program, coverage under the Florida Kidcare program is not an entitlement. No *cause of action shall arise against* the state, the department, the Department of Children and Families, or the *agency* for failure to make health services available to any person under ss. 409.810-409.821.

Emphasis added. *See also* Fla. Stat. §409.811(2) ("'Agency' [in Fla. Stat. §409.813(2)] means the Agency for Health Care Administration.").

Section 624.91(4), Florida Statutes, states:

> Nothing in this section shall be construed as providing an individual with an entitlement to health care services. No *cause of action* shall arise against the state, the *Florida Healthy Kids Corporation*, or a unit of local government for failure to make health services available under this section.

Emphasis added.

Nor is there any entitlement under federal law to coverage under the Florida Kidcare program. For context, since 1998, Florida has administered Kidcare as part of the Children's Health Insurance Program ("CHIP"), a federal-state partnership under Title XXI of the Social Security Act, Pub. L. No. 105-33, §4901, 111 Stat. 251, 552 (1997). CHIP allows States to obtain federal reimbursement for certain related expenditures so long as their program has been approved by

CMS and generally complies with federal standards. 42 U.S.C. § 1397ff(a), (d)(2). As with the statutory bars under sections 409.813(2) and 624.91(4), Florida Statutes, Congress makes clear in 42 U.S.C. § 1397bb(b)(5) that, "[n]othing in this subchapter shall be construed as providing an individual with an *entitlement* to child health assistance under a State child health plan." (emphasis added).

Accordingly, whereas sections 409.813(2) and 624.91(4), Florida Statutes, unequivocally provide there can be no cause of action for "failure to make health services available" through the KidsCare program, specifically including AHCA and FHKC, Petitioners' Complaint for Writ of Mandamus must be dismissed with prejudice.

II. Petitioners Fail to State a Basis for Mandamus Relief

A. Legal Standard for a Writ of Mandamus

A complaint for writ of mandamus "must establish a clear legal right to performance of the act requested, an indisputable legal duty, and no adequate remedy at law." *Radford v. Brock*, 914 So. 2d 1066, 1067 (Fla. 2d DCA 2005) (internal citations omitted); *Morse Diesel Intern., Inc. v. 2000 Island Blvd., Inc.*, 698 So. 2d 309, 312 (Fla. 3d DCA 1997) ("Mandamus is available to enforce an established legal right but not to establish that right."); *Richardson v. Sec'y, Fla. Agency for Healthcare Admin.,* 395 So. 3d 500, 505 (Fla. 2024); *Point Conversions, LLC v. Pfeffer & Marin Holdings*, 305 So. 3d 609, 610 (Fla. 3d DCA 2020); *Morse v. State*, 50 So. 3d 750, 750 (Fla. 2d DCA 2010). A petitioner must prove each element, and if a petitioner fails to prove any element, mandamus cannot be compelled. *Est. of White v. Fla. Med. Exam'rs Comm'n*, 416 So. 3d 400, 404 (Fla. 1st DCA 2025).

B. Respondents have no clear and indisputable duty to implement section 409.814(1), Florida Statutes

CMS has not approved AHCA's application as submitted, so Respondents have no clear and indisputable legal duty to implement section 409.814(1), Florida Statutes. Mandamus is not to be used to establish a legal right, but to "enforce a clear legal duty already established." *State ex rel. Fraternal Order of Police, Orlando Lodge No. 25 v. City of Orlando*, 269 So. 2d 402, 402 (Fla. 4th DCA 1972). Mandamus is not to be compelled unless there is a ministerial duty, and a duty is only "ministerial when the law prescribes and defines it with such precision and certainty as to leave nothing to the exercise of discretion or judgment." *State ex rel. Zuckerman-Vernon Corp. v. City of Miramar*, 306 So. 2d 173, 175 (Fla. 4th DCA 1974).

It would be premature for Respondents to implement section 409.814(1), Florida Statutes. The footnote for Section 409.814(1), Florida Statutes, states, "[i]mplementation of chapter 2023-277, Laws of Florida, by the Agency for Health Care Administration and the Florida Healthy Kids Corporation is contingent upon federal approval though a Medicaid waiver or state amendment plan." AHCA has been clear from the beginning that CMS has not approved its applications as submitted, so it has been unable to implement section 409.814(1), Florida Statutes. Ex. 3, Email from Brian Meyer to Daniel Tsai (Jan. 15, 2025).

AHCA submitted its application to CMS, which included notifications stating, "AHCA is proposing to offer CHIP program eligibility to children with family income above 200 percent of the FPL, up to 300 percent of the FPL, with enrollment subject to monthly premiums." Exhibit 5, Section 1115 Title XXI Research Demonstration. In response to AHCA's application, CMS issued a letter on December 2, 2024 that suggests it is an approval of AHCA's application, but also rejects part of AHCA's application in stating, in part:

> *CMS is not allowing the state to disenroll individuals for non-payment of CHIP premiums during the 12-month continuous eligibility period based on research cited above supporting the importance [of] maintaining continuous eligibility has on health outcomes and ongoing access to care.*

Ex. 2, Letter from Chiquita Brooks-LaSure (Dec. 2, 2024)

The December 2, 2024 letter conditions approval of AHCA's application on AHCA's acceptance of the special terms and conditions attached, "[t]he award is subject to our receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter." *Id*. The December 2, 2024 letter is emailed to AHCA on December 2, 2024, and the body of the email also states, "[t]he award is subject to our receiving your written acknowledgement of the award and acceptance of the STCs within 30 days (no later than Wednesday, January 1, 2025). Ex. 3, Email from Brian Meyer to Daniel Tsai (Jan. 15, 2025). AHCA emailed a response providing, in part:

> This program (i.e. application) could have been approved in its entirety, as submitted by the Agency 9 months ago. Still, your administration has repeatedly failed to do so, delaying implementation by adding your own conditions outside our submission's scope…CMS is actively choosing to block the implementation of an initiative that supports an essential program that helps families achieve economic self-sufficiency by continuing to add unnecessary conditions…[b]ecause of this, Florida respectfully requests an extension of the 30-day deadline, at least until February 1, 2025.

Id.

CMS provides the following response to AHCA's request for an extension of time to consider if it will accept CMS conditional approval:

> CMS has received your request for an extension, which we understand to be a request for us to reconsider the portion of the STCs addressing the question of disenrollment of the Children's Health Insurance Program expansion population for nonpayment of premiums during the 12-month continuous eligibility program. We see no basis to reconsider either our understanding of the relevant legal authorities or our policy views with regard to this issue. However, we are

> granting Florida a 14-day extension until January 15, 2025, to either raise any other issue (not involving continuous eligibility based on failure to pay premiums) for CMS to consider or otherwise response to CMS's December 2, 2024 letter. We will not grant further extensions. Unless Florida raises any other issue, Florida should refer back to CMS's December 2, 2024 letter for a statement of CMS's position.

Id.

AHCA then emails CMS back the special terms and conditions it had imposed with its conditional approval, but AHCA had red-lined through a portion of STC 5.2, stating, "[t]he agency is pleased to accept CMS's proposal, *with the following modifications attached*." *Id*. (emphasis added). The portion from STC 5.2 with the redline through it states, "[i]ndividuals may not be disenrolled from this demonstration for failure to pay the monthly premium during the individual's 12 month continuous eligibility period." Ex. 6, AHCA's STC Redline (Jan. 15, 2025). In response to AHCA's proposed terms where AHCA provides it would accept CMS approval, with the redline through the continuous eligibility portion of STC 5.2, CMS unreasonably characterizes AHCA's proposal as only being an acceptance, but then separately rejects the redline through STC 5.2 (a condition to AHCA's acceptance), in stating:

> On January 15, 2025, Florida accepted the demonstration STCs and included a proposed modification to remove the requirement in STC 5.2 that states "Individuals may not be disenrolled from this demonstration for failure to pay the monthly premium during the individual's 12-month continuous eligibility period…CMS is unable to accept your requested modification because it does not comply with the statute and implementing regulations for continuous eligibility for children.

Ex. 4, Letter from Daniel Tsai to Brian Meyer (Jan. 17, 2025)

CMS terms contained within its December 2, 2024, letter, state, "[t]he award is subject to our receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of this letter." Ex. 2, Letter from Chiquita Brooks-LaSure (Dec. 2, 2024). From the

beginning, AHCA has made clear they did not accept the approval as provided with the addition of the 12-month continuous enrollment requirement, and that this inclusion has prevented them from implementing section 409.814(1). *See* Fla. Stat. §409.814 n. 1.

To resolve CMS attempted imposition of 12-months of continuous enrollment, AHCA has filed a federal lawsuit regarding the legality of STC 5.2, specifically regarding the 12-months of continuous enrollment. *State of Florida, et al. v. Centers for Medicare and Medicaid Services, et al.*, Case No. 3:26-cv-915 (N.D. Fla.). This lawsuit seeks a declaration that STC 5.2 is unlawful and to have its imposition on AHCA's application enjoined. The arguments against STC 5.2 in the federal case, go beyond what is necessary for this Court's consideration, but the federal case demonstrates AHCA's ongoing efforts to seek federal approval of its application as submitted.

However, it is worth noting the federal court's ruling could also impact Respondents' ability to implement section 409.814(1), Florida Statutes. For instance, in *Stewart v. Azar*, 313 F.Supp.3d 237, 246 (D. D.C., 2018), a state submitted for approval of a section 1115 demonstration project. The *Stewart* court's ruling was based on the following rationale:

> Unlike individual sections of a statute, the Court cannot parse the Secretary's (Secretary of CMS) approval of a program. As CMS itself maintains, it considered Kentucky HEALTH as a whole before deciding whether to approve it, rather than analyzing separately each challenged component. The Court, accordingly, examines the approval of the project as a whole as well. Were the Secretary arbitrary and capricious in approving Kentucky HEALTH, the Court would strike down that approval in toto.

Id. at 253-254 (internal citations omitted).

The *Stewart* Court found CMS' secretary's failure to consider the application's projected effects on medical coverage, was "[s]uch a failure [it] infected his entire approval." *Id*. at 272. As a result, the Court held CMS approval invalid "in toto." *Id*. The Court noted in its holding that "Kentucky HEALTH has yet to take effect[,]…[so] [t]his is not a case in which the egg has been

scrambled and there is no apparent way to restore the status quo ante." *Id*. at 273 (internal citations omitted).

Petitioners are seeking mandamus to compel implementation of section 409.814(1) while conditions to the approval CMS provided are in litigation. *State of Florida, et al. v. Centers for Medicare and Medicaid Services, et al.*, Case No. 3:26-cv-915 (N.D. Fla.). The federal court could reject not just CMS imposition of 12-months of continuous enrollment, but the Court could reject CMS conditional approval altogether, which would remove the federal funding required for AHCA's application and the "approval" required for section 409.814(1) to be implemented. *See* Fla. Stat. §409.814 n. 1 (""[i]mplementation of chapter 2023-277, Laws of Florida, by the Agency for Health Care Administration and the Florida Healthy Kids Corporation is contingent upon federal approval though a Medicaid waiver or state amendment plan.").

AHCA has been clear from the beginning with CMS that it could not implement its application based on the continuous 12-months of enrollment that CMS seeks to impose, which is beyond the scope of AHCA's application. Ex. 3, Email from Brian Meyer to Daniel Tsai (Jan. 15, 2025). CMS has not approved AHCA's application as submitted, and AHCA is contesting the legality of the 12 months of continuous enrollment that CMS seeks to impose on AHCA's application. The ruling from the federal court will impact AHCA's ability to implement section 409.814(1).Accordingly, as the Petitioners have no clear legal right and Respondents have no clear and indisputable legal duty, Petitioners' Complaint for Writ of Mandamus should be dismissed.

C. Petitioners Have Failed to Pursue Administrative Remedies So It Should Not be Inferred They Would be Insufficient

The third element required for mandamus is that there is no other adequate remedy at law. *Point Conversions, LLC v. Pfeffer & Marin Holdings, LLC*, 305 So. 3d 609, 610-611 (Fla. 3d DCA

2020) (Moreover, exhaustion of remedies is broadly stated as the withholding of judicial relief on a claim or dispute cognizable by an administrative body until the administrative process has run its course.") (internal citations omitted). FHKC has established an adequate remedy at law in accordance with section 409.818(3)(f), Florida Statutes, which states:

> Adopt rules necessary for calculating premium assistance payment levels, making premium assistance payments, monitoring access and quality assurance standards, investigating and resolving complaints and grievances, administering the Medikids program, and approving health benefits coverage.

To comply with section 409.818(3)(f), Florida Statutes, Respondents established the Florida Kidcare Dispute Review and Grievance Process, Rule 59G-14.001 of the Florida Administrative Code. The Petitioners demonstrate awareness of the Florida Kidcare Dispute Review and Grievance Process by citing to it in their Complaint, "FHKC and AHCA offer a dispute resolution process under Fla. Admin. Code R. 59G-14.001[.]" Complaint, p. 28. Rule 59G-14.001(3)-(4) of the Florida Administrative Code provides for three stages of review of an adversedecision, with a final review to. AHCA. However, Petitioners did not seek any review or appeal of FHKC's decision and instead have only pursued this mandamus action.

Rule 59G-14.001(3)-(4) of the Florida Administrative Code provides the following steps for review, in part:

> (3) Dispute Review Process
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> …
>
> (b) The dispute review process begins when the Corporation receives a dispute from a complainant.
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> …
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> (f) The complainant will be notified of the decision by the Corporation (FHKC).
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> (g) The complainant may appeal the dispute review process decision to the

> Corporation's Chief Executive Officer (Officer) or designee. The Officer will notify the complainant of the decision in writing within ten calendar days of the complainant's dispute review decision appeal request, and provide information regarding additional appeal rights as described in paragraph (h).
>
> (h) The complainant may appeal the Officer's decision by submitting a grievance request through the Corporation to the Agency for Health Care Administration (AHCA), within ten calendar days of the Officer's decision. The Corporation must forward the grievance request and the dispute review file to AHCA within five calendar days or receipt of the grievance request.
>
> (4) Grievance Process.
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> …
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> (c) The Agency for Health Care Administration will render its final decision in writing based on the available information within 30 calendar days of receiving the grievance request.
>
> (d) Medikids, Healthy Kids, and Title XXI Children's Medical Services Managed Care Plan are bound by AHCA's final decision.

Petitioners did not pursue the administrative remedies, so the Court "cannot conclude that the remedies of the administrative process were inadequate." *Cmtys. Fin. Corp. v. Fla. Dep't of Env't Regul., 416 So. 2d 813, 816 (Fla. 1st DCA 1982).* This is also not a case where "an exception to the exhaustion doctrine exists where agency actions are so egregious or devastating that the promised administrative remedies are too little or too late." *State Dept. of Environmental Protection v. PZ Const. Co., Inc*., 633 So. 2d 76, 78 (Fla. 3d DCA 1994). Rather than seeking any administrative review, Petitioners all began paying the premium they were advised they would be eligible to enroll in. Complaint at ¶¶60, 66, 76. Additionally, "[a] court should not infer that an administrative remedy is not available in the absence of a showing that the party seeking relief has pursued the administrative remedy without success." *Id*. at 79.

Dismissal of a Complaint for Writ of Mandamus is the appropriate remedy where Petitioners have adequate remedies at law, but fail to pursue them. *See Fla., Agency for Health Care Admin. v. MIED, Inc.,* 869 So. 2d 13, 18 (Fla. 1st DCA 2004) ("MIED has never shown that

no remedy would have been available under the APA or that AHCA refused to afford it a hearing on its petition…MIED's unequivocal abandonment of administrative remedies in this case bars its claims."); *Cmtys. Fin. Corp.., 416 So. 2d at 816 (Fla. 1st DCA 1982)* ("It is now well settled that where adequate administrative remedies are available, it is improper to seek relief in circuit court before those remedies are exhausted."); *Yergin*, 217 So. 3d at 158 n. 5 ("The Florida courts have affirmed dismissal on exhaustion grounds where it was clear from the face of the initial pleading."). Accordingly, Petitioners' Complaint for Writ of Mandamus must be dismissed.

CONCLUSION

Sections 409.813(2) and 624.91(4), Florida Statutes, create statutory bars to Petitioners' causes of action against Respondents, and these statutes make clear the Kidcare program is not an entitlement. Petitioners have no clear legal right, Respondents have no indisputable legal duty, and Petitioners have an adequate remedy at law that they failed to pursue, so mandamus cannot be compelled. Accordingly, Petitioners' Complaint for Writ of Mandamus must be dismissed with prejudice.

WHEREFORE, Respondents, Florida Healthy Kids Corporation and Florida Agency for Healthcare Administration, requests this Court enter an Order dismissing Petitioners Complaint for Writ of Mandamus with prejudice.

Dated: May 29, 2026

Respectfully submitted,

JAMES UTHMEIER
ATTORNEY GENERAL

/s/ Nicholas Cavallaro
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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 29th day of May, 2026, a copy of this document was filed electronically with the Clerk of Court through the Florida Court e-Filing Portal, which shall serve a copy via email to all counsel of record, constituting compliance with the service requirements of Florida Rules of General Practice and Judicial Administration 2.516(b)(1) and Florida Rule of Civil Procedure 1.080(a).

/s/ Nicholas Cavallaro
Nicholas Cavallaro