

# FOOOOOOOO4729 Onsite-Cat

Onsite Claims & Appraisal Technologies, Inc.

P.O. Box 447  
13701 Maugansville Rd., Ste 5  
Maugansville, MD 21767-0447  
Tel: (888) 285-8985  
Fax: (301) 790-0281  
Web Site: [www.onsitecat.com](http://www.onsitecat.com)

July 9, 2000

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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-07/12/00-01071-008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

W-17784

**RE: Application By Foreign Corporation**

Dear Sir/Madame:

Enclosed you will find the **Transmittal Letter, Application**, and \$70.00 fee necessary for our Corporation to transact business in the State of Florida. The **Certificate of Existence** has been ordered from the State of Nevada and will be forwarded via separate mail. For verification, I've enclosed a copy of the request letter and payment.

Please do not hesitate to contact us should you have any questions or need additional information.

Sincerely,



Jane Rockwell  
President & CEO

JR/jr

Enc.

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00 AUG 22 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtu  
8/22



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 17, 2000

JANE ROCKWELL  
PO BOX 447  
MAUGANSVILLE, MD 21767-0447

SUBJECT: ONSITE CLAIMS & APPRAISAL TECHNOLOGIES, INC.  
Ref. Number: W00000017784

We have received your document for ONSITE CLAIMS & APPRAISAL TECHNOLOGIES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 100A00039004

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Onsite Claims & Appraisal Technologies, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jane Rockwell  
(Name of Person)  
Onsite - CAT  
(Firm/Company)  
17242 Palisades Cr.  
(Address)  
Pacific Palisades, CA. 90272  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Jane Rockwell at (310) 301-4022  
(Name of Person) (Area Code & Daytime Telephone Number)  
(310) 463-5639 cell

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TALLAHASSEE, FLORIDA

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Onsite Claims & Appraisal Technologies, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Nevada USA 3. 88-0460614  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/12/00 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7-15-00  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5020 Schuster  
Las Vegas, NV 89118  
(Current mailing address)

8. Engage in any lawful act or activity for which corp. may be organized  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Pete Kapas

Office Address: 4344 NW 1st St.

Deerfield Beach, Florida, FL 33442  
(Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Pete C. Kapas  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Jane Rockwell

Address: 17242 Palisades Cr.

Pacific Palisades, CA 90272

Vice President: Carl Busey

Address: 13701 Mangansville Rd., Ste 5

Mangansville, MD 21767

Secretary: Richard Bloom

Address: 13900 Panay Way, R303

Marina del Rey, CA 90292

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Rock, Pres. & CEO  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jane Rockwell  
(Typed or printed name and capacity of person signing application)

# CHAPTER ONE

## SETTING USER PREFERENCES

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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ONSITE CLAIMS & APPRAISAL TECHNOLOGIES, INC.** as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 12, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my Office, Las Vegas, Nevada, on July 7, 2000.

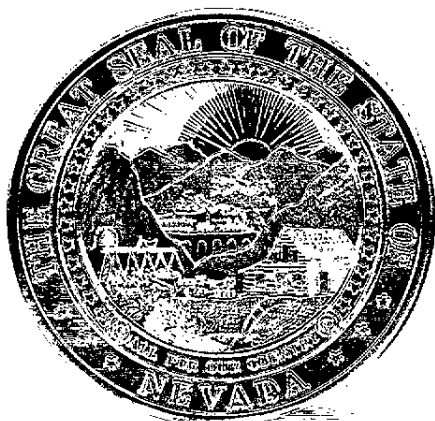
*Dean Heller*

Secretary of State

By

*Kamlesh Bhargava*

Certification Clerk



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA