

F08000004528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

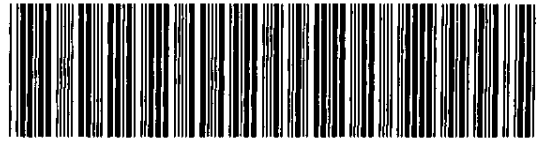
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/17/08--01005--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 17 P 12:38

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OCT 20 2008
D. A. WHITE



CLAIMHUB, INC.
3387 SPRING GLEN CIRCLE
PRIOR LAKE MN 55372

Date: 10/13/2008

To: Florida Division of Corporations.

Re: CLAIMHUB, INC registration

Dear: Sir or Madam,

Please register CLAIMHUB, INC. in Florida to do business. I have attached the original Delaware certificate I just received for your records and the Florida application.

Thank you and if you have any questions feel free to give me a call.

Sincerely,

A handwritten signature in cursive script that reads 'John Murphy'.

John Murphy

Sr. Accountant
CLAIMHUB, INC
3387 Spring Glen Circle
Prior Lake MN 55372
1-800-951-3403 ext 3026
Fax 952-487-0402
tmurphy@claimhub.com

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Claimhub, 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:

Tim Murphy
(Name of Person)

Claimhub Inc
(Firm/Company)

3387 Spring Glen Circle
(Address)

Prior Lake MN 55372
(City/State and Zip code)

For further information concerning this matter, please call:

Tim Murphy at (888) 425-6482 ext 3026
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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2009 OCT 17 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Claimhub, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 42-1508383
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/16/2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10881 Lowell Suite 190 Overland Park KS 66210
(Principal office address)

3387 Spring Glen Circle Prior Lake MN 55372
(Current mailing address)

8. Licensing or sale of software
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

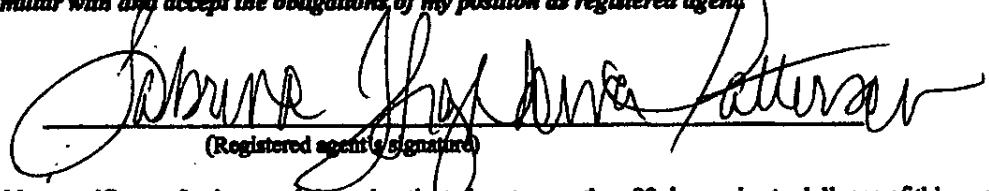
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Sabrina Hightower Patterson

Office Address: 215 N. Clara Ave

Deland Florida, Florida 32720
(City) (Zip code)

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.


(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: J. P. Buldoc
 Address: 10881 Lowell Suite 190
Overland Park KS 66210

Vice Chairman: Jan Anderson
 Address: 8820 Columbia 100 Parkway Suite 400
Columbia Maryland

Director: James A. Buldoc
 Address: 8820 Columbia 100 Parkway Suite 400
Columbia Maryland

Director: Sabrina Hightower Patterson
 Address: 215 N. Clara Ave
Deland Florida 32720

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 TALLAHASSEE, FLORIDA

B. OFFICERS

President: N/A
 Address: _____

Vice President: Sabrina Hightower Patterson
 Address: 215 N. Clara Ave
Deland Florida 32720

Secretary: N/A
 Address: _____

Treasurer: N/A
 Address: _____

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

13. 
 (Signature of Director or Officer listed in number 12 of the application)

14. Sabrina Hightower Patterson
 (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLAIMHUB, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF OCTOBER, A.D. 2008.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3730229 8300

081014202

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6896003

DATE: 10-06-08



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

081014202

9662857
CLAIMHUB
3387 SPRING GLEN CIRCLE
PRIOR LAKE MN 55372

10-06-2008

ATTN: TIM MURPHY

DESCRIPTION	AMOUNT
CLAIMHUB, INC.	
3730229 8300 Certificate in Re Short	
Certification Fee	30.00
Expedite 24 Hr., 1-3 Re-Short	30.00
FILING TOTAL	60.00
TOTAL PAYMENTS	60.00
SERVICE REQUEST BALANCE	.00