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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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FOREIGN PROFIT/NONPROFIT CORPORATION
RISK MANAGEMENT CLAIM SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	$70.00

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J. Shivers JUL 17 2012

07/16/2012 10:56 8656336092 CT CORPORATION PAGE 01/06

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RISK MANAGEMENT CLAIM SERVICES, 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," or "Certificate of Good Standing" 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:

C T Corporation System
Name of Person

RISK MANAGEMENT CLAIM SERVICES, INC.
Firm/Company

1200 S. PINE ISLAND RD
Address

PLANTATION, FL 33324-4459
City/State and Zip code

rlee2@landstar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YADIN HERZEL at (954) 745-3603
Name of Person — Area Code & Daytime Telephone Number

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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

FL016 - 03/01/2011 CT System Online

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. RISK MANAGEMENT CLAIM SERVICES, 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
(State or country under the law of which it is incorporated)

3. 52-1529084
(FEI number, if applicable)

4. 6/25/2012
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. 6/25/2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13410 Sutton Park Dr. S., Jacksonville, FL 32224
(Principal office address)

13410 Sutton Park Dr. S., Jacksonville, FL 32224
(Current mailing address)

8. ANY LAWFUL BUSINESS INCLUDING TRANSPORTATION AND LOGISTICS
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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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.

C T Corporation System

By: Madonna Cuddihy
Special Assistant Secretary
(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.

FL019 - 03/01/2011 C T Systems Online

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

A. DIRECTORS

Chairman: SEE ATTACHED ATTACHMENT "A"

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. MICHAEL K. KNELLER, VP, GENERAL COUNSEL & SECRETARY
(Typed or printed name and capacity of person signing application)

FL019 - 02/01/2011 CT System Online

ATTACHMENT "A"
DIRECTOR AND OFFICER LISTING

Risk Management Claim Services, Inc. (DE Corp.)
13410 Sutton Park Dr. S.
Jacksonville, FL 32224

DIRECTORS

Henry H. Gerkens James B. Gattoni Patrick J. Murphy

OFFICERS

President	Henry H. Gerkens
Vice President, Treasurer and Assistant Secretary	James B. Gattoni
Vice President, General Counsel and Secretary	Michael K. Kneller
Vice President and Assistant Treasurer	L. Kevin Stout
Vice President - Claims	Frank Albanese
Vice President, Automobile and General Liability Claims	William C. Burns
Vice President	Patrick J. Murphy

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TALLAHASSEE, FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISK MANAGEMENT CLAIM SERVICES, 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 THIRTEENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA

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

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9709589

DATE: 07-13-12