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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Arrowhead Claims Management Inc.

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NEW FILINGS	
☐	Profit
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☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A. Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☒	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

- ☐ Certificate of FICTITIOUS NAME
☐ FICTITIOUS NAME SEARCH
☐ CORP SEARCH

Ordered By: _____

Date: _____

**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. ARROWHEAD CLAIMS MANAGEMENT, 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. CALIFORNIA

(State or country under the law of which it is incorporated)

3. 33-0828851

(FEI number, if applicable)

4. 11/4/98

(Date of Incorporation)

5. PERPETUAL

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

6. UPON ACCEPTANCE

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 6055 LUSK BOULEVARD

SAN DIEGO CA 92121

(Current mailing address)

8. INSURANCE CLAIMS ADJUSTING AND LITIGATION

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: **HIQ CORPORATE SERVICES, INC.**

Office Address: **526 EAST PARK AVENUE, SUITE 200**

TALLAHASSEE

, Florida, **32301**

(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.

HIQ CORPORATE SERVICES, INC. BY: ROXANNE D. MONIODIS, SECRETARY

Roxanne D. Moniodis

(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)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: SEE ATTACHED

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. Kevin McDonald

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kevin McDonald - President

(Typed or printed name and capacity of person signing application)

Officers and Directors of
Arrowhead Claims Management, Inc.

Kevin McDonald President/ Director
16987 Boulder Oaks Dr.
Ramona, CA 92065
SSN: 544-56-4346
Date of Office: 11/4/98

Marianne Harmon Sec/Treas/Director
15763 Puerta Del Sol
PO Box 7271
Rancho Santa Fe, Ca 92067
SSN: 547-29-8853

Patrick J. Kilkenny Director
500 W. Harbor Dr., #1301
San Diego, CA 92101
SSN: 540-64-2184
Date of Office: 11/4/98

Kelly I Hale Director
1124 SW Myrtle
Portland, OR 97201
SSN: 540-64-2183
Date of Office: 11/4/98

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State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That on the 4th day of November, 1998

ARROWHEAD CLAIMS MANAGEMENT, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of
the State of California this day of

November 20, 1998



Bill Jones

Secretary of State

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TALLAHASSEE FLORIDA