(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: AAdvanced Claims Concepts, 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: Out to the Coodson Name of Person
Advanced Claims Concepts, Inc
2612 Hough Road
Florence, AL 35630 City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (888) 251-7448 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 \$\ \text{Certificate of Status} \text{ \$\subseteq \$\ \text{Certified Copy} \text{ \$\subseteq \$\ \text{Certified Copy} \text{ \$\text{Certified Copy} \$\text{Certif



November 5, 2010

CHARLOTTE GOODSON 2612 HOUGH ROAD FLORENCE, AL 35630

SUBJECT: AADVANCED CLAIMS CONCEPTS, INC.

Ref. Number: W10000051973

We have received your document for AADVANCED CLAIMS CONCEPTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 910A00026145

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. AAdvanced Claims Concepts, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Advanced Claims Concepts Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>State or country under the law of which it is incorporated</u> 3. <u>58-2429356</u> (FEI number, if applicable)
1-15-1999 5 Decretor 1
6. NA
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2612 Hough Road, Florence, AL 35630 (Principal office address)
2612 Hough Road, Florence, AL 35630 (Current mailing address)
8. Independent Adjusting 8 58
(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: SO Column and Street address of Florida registered agent: (P.O. Box NOT acceptable)
Office Address: 50 Calumet Avenue 5
Ponce Inlet Florida 32127
(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: Address: __ Vice Chairman: Address: Director: __ Address: Director: _ Address: **B. OFFICERS** Address: _ \ Vice President: Stream Tr. Muscle Shoals, AL 35661 stream Tr. Muscle Shoals NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

AADVANCED CLAIMS CONCEPTS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 01/15/1999 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 9th day of November, 2010

B: P.L

Brian P. Kemp Secretary of State

Certification Number: 6232857-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp