

B14000000129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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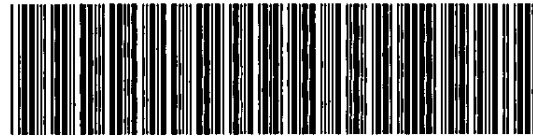
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SCHOOL OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allcat Claims Service, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Dustin Hebert

Contact Person

Allcat Claims Service, LP

Firm/Company

109 Enterprise Parkway, Suite 103

Address

Boerne, TX 78006

City, State and Zip Code

dhebert@allcatclaims.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Hebert at (**830**) **331-1752**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET ADDRESS:

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

MAILING ADDRESS:

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Allcat Claims Service, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas

State or Country of Formation

3. 05/05/2006

Date of Formation

4. Federal Employer Identification Number: 74-3017360

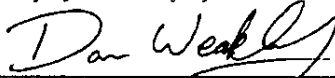
5. Name of Registered Agent for Service of Process and Florida Street Address:

Dan Weakly

157 Cove Dr.

Miramar Beach, FL 32550

6. 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.


Signature of Registered Agent

7. Principal Office:

Allcat Claims Service, LP

109 Enterprise Parkway, Suite 103

Boerne, TX 78006

8. Mailing Address:

Allcat Claims Service, LP

109 Enterprise Parkway, Suite 103

Boerne, TX 78006

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Bart Hutton

Street Address: 166 Sendero Ridge

Boerne, TX 78006

Mailing Address: 109 Enterprise Parkway, Suite 103

Boerne, TX 78006

Name of General Partner: Mark Weekley

Street Address: 337 Park Ridge

Boerne, TX 78006

Mailing Address: 109 Enterprise Parkway, Suite 103

Boerne, TX 78006

Name of General Partner: John Weakly

Street Address: 1320 Cypress Cove Rd.

Spring Branch, TX 78070

Mailing Address: 109 Enterprise Parkway, Suite 103

Boerne, TX 78006

Name of General Partner: David Garcia

Street Address: 1414 Fawn Creek

San Antonio, TX 78248

Mailing Address: 109 Enterprise Parkway, Suite 103

Boerne, TX 78006

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 03 day of June, 2014.

ALLCAT GP, LLC
[Signature]
 Signature of a general partner BT DANT HUTTON CEO
GENERAL PARTNER

The individual signing this document affirm that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
 14 JUN -5 AM 10:52
 TALLAHASSEE FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Nandita Berry
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Allcat Claims Service, L.P. (file number 800651171), a Domestic Limited Partnership (LP), was filed in this office on May 05, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 03, 2014.



NANDITA BERRY

Nandita Berry
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: SOS-WEB

Fax: (512) 463-5709
TID: 10264

Dial: 7-1-1 for Relay Services
Document: 547451820002