

FOI000004507

ROSE LAW FIRM
A PROFESSIONAL ASSOCIATION

ATTORNEYS

WRITER'S TELEPHONE
501/377-0412

120 East Fourth Street
Little Rock, Arkansas
72201-2893

501-375-9131
501-375-1309 FAX

July 5, 2001

WRITER'S ELECTRONIC MAIL
bkennedy@roslawfirm.com

FILED
AUG 21 PM 4 52
CLERK OF STATE
TALLAHASSEE, FLORIDA

7/6/01

LSA

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Specialty Claims Services, Inc.

100004462641--3
-07/06/01--01067--004
*****87.50 *****87.50

Gentlemen:

Enclosed please find for your review and further handling the following documents:

1. A completed Transmittal Letter to Registration Section for "Specialty Claims Services, Inc";
2. One (1) executed original and two (2) copies of Specialty Claims Services, Inc.'s Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. One original Certificate of Good Standing issued by the Arkansas Secretary of State on June 19, 2001;
4. A check in the amount of \$87.50 to cover the filing fee; and
5. A self-addressed stamped envelope.

BK

Please file the Application and duly register Specialty Claims Services, Inc. as a foreign corporation to do business in Florida. Please also return two (2) file-marked copies of the Application by Foreign Corporation for Authorization to Transact Business in Florida to me, via the enclosed SASE. I can be reached at 501/375-9131 should you have any questions or need additional information. Thank you for your assistance and all best wishes.

CONFLICT

P95000023853

Sincerely,

William H. Kennedy III

William H. Kennedy III

(9)

WHK/llr
Enclosures

cc: Buck (w/out enclosures)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 16, 2001

ROSE LAW FIRM
DOCUMENT RETAINED BY BUCK KOHR.
BRENDA TADLOCK HAS IT ON HER
DESK.,

SUBJECT: SPECIALTY CLAIMS SERVICES, INC.
Ref. Number: W01000016364

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01 AUG 24 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SPECIALTY CLAIMS SERVICES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Please note that we have RETAINED your \$87.50 payment.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return 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) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 601A00041760

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Specialty Claims Services, Inc.
(Name of corporation - must include suffix)

01 AUG 24 PM 4:52
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

William H. Kennedy III

(Name of Person)

Rose Law Firm, a Professional Association

(Firm/Company)

120 East Fourth Street

(Address)

Little Rock, AR 72201

(City/State and Zip code)

For further information concerning this matter, please call:

William H. Kennedy III

(Name of Person)

at (501) 375-9131

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

**ROSE LAW FIRM
A PROFESSIONAL ASSOCIATION
ATTORNEYS
120 EAST FOURTH STREET
LITTLE ROCK, ARKANSAS 72201-2893**

August 24, 2001

TELECOPY COVER SHEET

FILED
01 AUG 24 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE DELIVER TO:

NAME: Buck Kohr
FIRM: Florida Secretary of State
CITY:

TELECOPIER NO. 850/410-1015
VOICE NO. 850/245-6914

FROM: WILLIAM H. KENNEDY III
ROSE LAW FIRM, P.A.
LITTLE ROCK, ARKANSAS

VOICE NO. (501) 377-0397
TELECOPIER NO. (501) 375-1309

YOU SHOULD RECEIVE 2 PAGES, INCLUDING THIS COVER SHEET. IF YOU HAVE ANY PROBLEMS, CALL (501) 377-0397.

MESSAGE: Buck, pursuant to our telephone conversation, attached please find the Board Resolutions for Specialty Claims Services, Inc. adopting the name "Premier Claim Services, Inc." for its use in Florida. Thank you for your assistance.

Lisa Robison
Assistant to William H. Kennedy III

CONFIDENTIALITY NOTE: The information transmitted in this facsimile message is sent by an attorney or his/her agent and is intended to be confidential and for the use of only the individual or entity named above. If the recipient is a client, this message may also be used for the purpose of rendering legal advice and thereby privileged. If the reader of this message is not the intended recipient, you are hereby notified that any retention, dissemination, distribution or copying of this telecopy is strictly prohibited. If you have received this facsimile in error, please notify us by telephone and return the original message to us at the address above via the mail service (we will reimburse postage). Thank you.

CLIENT NAME:

NUMBER: 100191/15

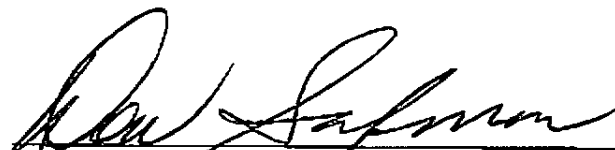
**RESOLUTION OF BOARD OF DIRECTORS
OF
SPECIALTY CLAIMS SERVICES, INC.**

FILED
01 AUG 24 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned Don Salmon, do hereby certify that this Resolution of the Board of Directors of Specialty Claims Services, Inc., a corporation duly organized and existing under the laws of the State of Arkansas, was duly adopted at a special meeting of the Board of Directors of such corporation on August 20, 2001:

"Be It Resolved, that Specialty Claims Services, Inc., a corporation duly organized and validly existing in the State of Arkansas, hereby adopts the name "Premier Claim Services, Inc." for its use in Florida."

Dated: August 20, 2001



Signature of either Chairman, President
Vice Chairman or any officer

Don Salmon

Type or Print Name

**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*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Specialty Claims Services, 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. Arkansas 3. applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 19, 2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4711 East McCain Blvd., North Little Rock, AR 72117
(Principal office address)
Post Office Box 15550, Little Rock, AR 72231
(Current mailing address)
8. Any and all legal activities
(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 or Mail Drop Box **NOT** acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island
Plantation, Florida 33324
(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.

See Attached

(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: _____

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AUG 24 PM 4:52
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Director: Don Salmon

Address: 4711 East McCain Blvd., North Little Rock, AR 72117
North Little Rock, AR 72117

Director: Tom Salmon

Address: 4711 East McCain Blvd.
North Little Rock, AR 72117

B. OFFICERS

President: Don Salmon

Address: 4711 East McCain Blvd.
North Little Rock, AR 72117

Vice President: Tom Salmon

Address: 4711 East McCain Blvd.
North Little Rock, AR 72117

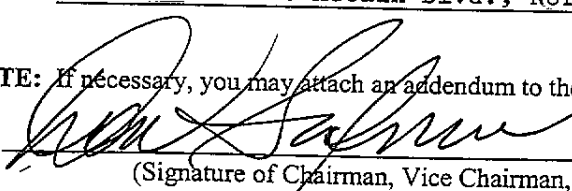
Secretary: Tom Salmon

Address: 4711 East McCain Blvd., North Little Rock, AR 72117

Treasurer: Tom Salmon

Address: 4711 East McCain Blvd., North Little Rock, AR 72117

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Don Salmon, President
(Typed or printed name and capacity of person signing application)

ACCEPTANCE OF APPOINTMENT

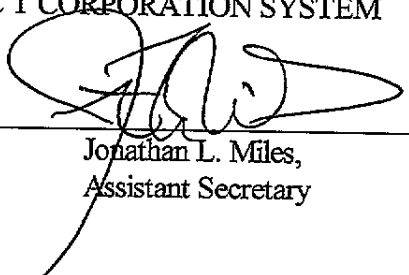
RE: SPECIALTY CLAIMS SERVICES, INC.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: June 13, 2001

C T CORPORATION SYSTEM

By


Jonathan L. Miles,
Assistant Secretary

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01 JUN 24 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Sharon Priest
SECRETARY OF STATE

State of Arkansas SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING OF A DOMESTIC CORPORATION

I, Sharon Priest, Secretary of State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

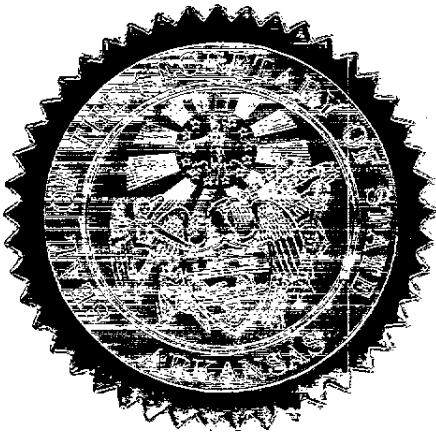
SPECIALTY CLAIMS SERVICES, INC.

FILED
01 AUG 24 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

a corporation chartered under the laws of the State of Arkansas, filed Articles of Incorporation June 19, 2001.

I further certify that as far as the records show, this corporation is at this time chartered and in good standing, having met all the requirements governing a domestic corporation in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal. Done at my office in the City of Little Rock, Arkansas this 19th day of June 2001.



Sharon Priest
Sharon Priest, Secretary of State
by: MC Huntsman
M C Huntsman

C-2/Rev 10-1-88