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Account Number : 072720000061
Phone : (904) 359-2000
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FOREIGN PROFIT/NONPROFIT CORPORATION

TRIAGE MANAGEMENT SERVICES, INC.

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Fax Audit No.: H07000248692

**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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1. TRIAGE MANAGEMENT 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. 20-0816135

(FEI number, if applicable)

4. OCTOBER 2, 2007

(Date of incorporation)

5. PERPETUAL

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

6. 2007

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

7. 1300 RIVERPLACE BOULEVARD, SUITE 401, JACKSONVILLE, FL 32207

(Principal office address)

1300 RIVERPLACE BOULEVARD, SUITE 401, JACKSONVILLE, FL 32207

(Current mailing address)

8. To provide an effective, expedient solution for the managing of wind/hail claims.

(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: **F & L CORP.**

Office Address: **One Independent Dr., Suite 1300**

Jacksonville

(City)

Florida 32202

(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.*

F & L CORP.

By: Charles V. Hedrick

(Registered agent's signature)

Charles V. Hedrick, Authorized Signatory

**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.**

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

A. DIRECTORS

Chairman: James W. Southerland, Jr.

Address: 1300 Riverplace Blvd., Suite 401
Jacksonville, Florida 32207

Vice Chairman: Michael F. Balanky

Address: 1300 Riverplace Blvd., Suite 401
Jacksonville, Florida 32207

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Steven D. Rausch, Sr.

Address: 1300 Riverplace Blvd., Suite 401
Jacksonville, Florida 32207

Vice President: ^{CEO} James W. Southerland, Jr.

Address: 1300 Riverplace Blvd., Suite 401
Jacksonville, Florida 32207

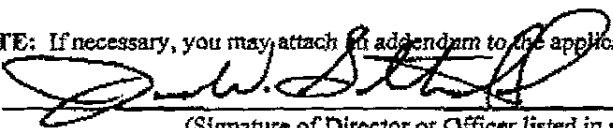
Secretary: James W. Southerland, Jr.

Address: 1300 Riverplace Blvd., Suite 401, Jacksonville, Florida 32207

Treasurer: Michael F. Balanky

Address: 1300 Riverplace Blvd., Suite 401, Jacksonville, Florida 32207

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. James W. Southerland, Jr., Chief Executive Officer and Director
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIAGE MANAGEMENT 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 SECOND DAY OF OCTOBER, A.D. 2007.

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071075508



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6043288

DATE: 10-02-07