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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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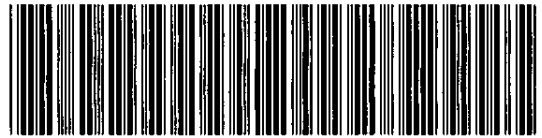
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 11-14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Claim Solutions, 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," 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:

John Benson

(Name of Person)

Claim Solutions, Inc.

(Firm/Company)

4817B Eisenhower Avenue

(Address)

Alexandria, Virginia 22304

(City/State and Zip code)

For further information concerning this matter, please call:

Suzanne Richeson

(Name of Person)

at (703) 683-3453 x 468

(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 ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Claim Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Claim Solutions of Virginia, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Virginia

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

3. 870806222

(FEI number, if applicable)

4. 7/17/07

(Date of incorporation)

5. perpetual

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

6. upon issuance of license

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

7. 4817B Eisenhower Avenue Alexandria Virginia 22304

(Principal office address)

same as above

(Current mailing address)

8. private investigation services

(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:

InCorp Services, Inc.

Office Address:

17888 67th Street North

Loxahatchee

(City)

, Florida 33470

(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.

Sarah Gibson on behalf of InCorp Services, Inc.
(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: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: n/a

Address: _____

Director: n/a

Address: _____

B. OFFICERS

President: John Benson President and Chief Operating Officer

Address: 132 Maple Street

New Providence, NJ 07974-2405

Vice President: see attached for full list

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. John Benson President and Chief Operating Officer

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

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TALLAHASSEE, FLORIDA

Claim Solutions, Inc.
4817B Eisenhower Avenue
Alexandria, Virginia 22304
Phone: (703) 683-3453 x 468 Facsimile: (703) 683-8802

John Benson

President and Chief Operating Officer

Residential Address:
132 Maple Street
New Providence, NJ 07974-2405

Business Address:
4817B Eisenhower Avenue
Alexandria, VA 22304

Contact Info:
(703)683-3453 x 461
jbenson@govmgt.com

John O'Shaughnessy

Chief Executive Officer

Residential Address:
304 Charles Alexander Court
Alexandria, VA 22301

Business Address:
4817B Eisenhower Avenue
Alexandria, VA 22304

Contact Info:
(703)683-3453 x 471
joshoughnessy@govmgt.com

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

CLAIM SOLUTIONS, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is July 17, 2007.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
October 1, 2007*

Joel H. Peck
Joel H. Peck, Clerk of the Commission