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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575 SECRETARY OF STATE

FOREIGN PROFIT/NONPROFIT CORPORATIONS

SERVICE FIRST CLAIM SOLUTIONS, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

DEPARTMENT OF STATE

7-30-09

6

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.		aim Solutions, Inc.					
	(Enter name of c	orporation; must include "INCORPORAT	ED	" "СОМРА	NY," "CORPORATIO)N,"	
	"Inc.," "Co.," "C	'orp," "lnc," "Co," or "Corp.")					
	(If name unavail	able in Florida, enter alternate corporate na		adopted for a	the number of transposi	ing housings in Claside	
		able in Florida, effet afferrate corporate in			me perpose of transacti	ing dusiness in riottoa	IJ
	Delaware	under the law of which it is incorporated)	_ 3.	Pending	(Exit		_
	•	under the law of which it is incorporated)			(FEI number, if app	рнеавіе)	
4.	June 18, 2009		5.	Perpetual			
	(Date	of incorporation)		(Duration:	Year corp, will cease t	o exist or "perpetual")	,
6.	Upon Qualificat				·····		_
		(Date first transacted busine (SEE SECTIONS 607.1501 & 60	SS !	n Florida, if p	orior to registration)	(i.i.)	
		rk Drive South - Suite 310	7.1.	702, 1 .3., 10 (setermine penany naon	шуу	
7.	Jacksonville, FL	32224 (Principal office					
		•		•			
	13901 Sutton Par	k Drive South - Suite 310, Jacksonville, FI (Current mailing					_
	T 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	` .		•			
0	insurance holdii	ng company. To engage in any act or activi	ty f	or which corp	porations may be organi	ized.	
8.	(Purpose(s) of corporation authorized in home state of) T C C	ountry to be c	arried out in state of Flo	orida)	-
^							
9.	Name and stree	et address of Florida registered agent: (P.C). Box <u>NO1</u>	_acceptable)		anage.
	Name:	Corporation Service Company				JUL AHAS	I
Ωŧ	ffice Address:	1201 Hays Street				- €S	
O,	fice Address.						П
		Tallahassee		, Flori	da 32301	7 T	3 0.
		(City)			(Zip code)		
10	. Registered ag	gent's acceptance:					
H¢	aving been nam	ed as registered agent and to accept se	rvi	ce of proces	s for the above stated	d corporation at the	place
de. God	signated in this	application, I hereby accept the appoi	ntn	ient as regis	stered agent and agre	ee to act in this capo	icity.
an an	d I am familiar	omply with the provisions of all statute with and accept the obligations of my	s re pos	sition as reg	e proper ana compiei vistered agent.	te perjormance of m	ry auto
	•		,				
	Co	эгрогаtiол Service Company					
	Ву	v: (Ms		•			
	-	(Registered agent's signatu	re)	/			
	Ass	istant Vice President OAVID W. WI	يرر	ELSEN			

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.

7/17/2009 2:33:02 PM PAGE 3/005 Fax Server

12. Name	es and business addresses of officers and/or directors:				
A. DIRE					
Chairman:	See attached officers/directors rider		_		
Address: _		**			
			86		epir-prod
		ż			
	rman:		65 -		1
Address: _				<u>-</u>	M
				<u>U</u> _	
Director:			유로	<u>으</u> -	
Address: _			Ord P	<u> </u>	
Dimeton	·				
Address: _					
-					
B. OFFI	ICERS				
President:	Sec attached officers/directors rider				_
Madiess.					
-					
Vice Presid	ident:				
Address:					-
-		····			
Secretary:					
Address					
					
Address:					

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

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

14. Robert J. Smith, Executive Vice President

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

7/17/2009 2:33:02 PM PAGE 4/005

4/005 Pax Server

Name of Corporation: Service First Claim Solutions, Inc.

Officer/Director Rider

Officers

Name	Title	Address
Alan Fishman	Chairman	13901 Sutton Park Drive South - Suite 310 Jacksonville, FL 32224
Gary Harger	President	13901 Sutton Park Drive South - Suite 310 Jacksonville, FL 32224
Robert J. Smith	Executive Vice President and Secretary	13901 Sutton Park Drive South - Suite 310 Jacksonville, FL 32224
Steve Adler	Vice President	13901 Sutton Park Drive South - Suite 310 Jacksonville, FL 32224
Valerie Rozestraten	Vice President	13901 Sutton Park Drive South - Suite 310 Jacksonville, FL 32224

Directors

Name	Title	Address
Alan Fishman	Director	13901 Sutton Park Drive South - Suite 310 Jacksonville, FL 32224
Adam Reinmann	Director	13901 Sutton Park Drive South - Suite 310 Jacksonville, FL 32224
Gary Harger	Director	13901 Sutton Park Drive South - Suite 310 Jacksonville, FL 32224
Robert J. Smith	Director	13901 Sutton Park Drive South - Suite 310 Jacksonville, FL 32224

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVICE FIRST CLAIM SOLUTIONS, 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 SEVENTEENTH DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERVICE FIRST CLAIM SOLUTIONS, INC. " WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4700283 8300

090707455

You may verify this certificate online at corp.delaware.gov/authver.shtml

CATION: 7424404

DATE: 07-17-09