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SECRETARY OF STATE AND ASSEE, FLORID

MRS 12

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Al/NATION Adsusting Name of corporate	y Curporation	
Name of corporat	ion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the	
Please return all correspondence concerning this mat	eter to the following:	
William F Mones		
Name	of Person	
William F. Moore Name ALL NATION Adjustiv Firm/C	ig Corporation	
P.O. Box 324	dress	
FloyBADA TX 7 City/State	9235	
City/State	e and Zip code	
4//nationwi/liam G gr	nail. com d for future annual report notification)	
For further information concerning this matter, pleas		
William F. Moore at (72 Name of Person Are	7) 490-7796	
Name of Person Are	a Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
New Filing Section Division of Corporations	New Filing Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$70.00 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.

II name anavana	ble in Florida, enter alternate corp	orate name ad	lopted for the	ourpose of trans	acting busines	s in Florida)
TEXAS	nder the law of which it is incorporation)	3	20-3	323/445) 	
State or country u	nder the law of which it is incorp	orated)	0.4	FEI number, it) مرکزید	`applicable)	
08/01	12005	5	XAL 3	23/4/15	PERP	ETUAL
(Date)	of incorporation)	((Duration: Ye	ar corp. will cea	se to exist or "	'perpetual")
					- · · · · · · · · · · · · · · · · · · ·	
	(Date first transacte (SEE SECTIONS 607.15					
695 (-		FL 335
<u> </u>	ENTRAL AUE. S (Principal ENTRAL AUE, Su (Current	al office addres	$\frac{500}{\text{ss}}$	7/1210	MODURE	1 2 00
695 (8	NIRAL AVE. SI	its 150	00 81	PATER	SRURG	D 237
010 -	(Current	mailing address	ss)	10,2,0	23470	<u> </u>
BP OIL	Spill CLHIMS of corporation authorized in hom	La in-	2 YEARS	Insuri	INCE CL	ASM5
(Purpose(s)	of corporation authorized in hom	ie state or cour	ntiff to be carri	ed out in state o	f Florida)	
Name and street	address of Florida registered	agent: (P.O.	Box <u>NOT</u> ac	ceptable)	سر په	\$00 ₺
Name:	William F	Manos			į	12 APR 12 PM 1:11
ivanic.	William F. 695 Central 1	11100110	- - L- 15	n-C		至五
ice Address:	695 Central 1	9UE. 3	<u>u 1</u> 72 13			SSI 72
	St. PETERSBU	(R6	, Florida	33701		門母星
•	(City)			(Zip code)	•	FLO
	ent's accentance:					部一
Registered ag		ccept service				
	d as registered agent and to a					
ing been name gnated in this o	d as registered agent and to a application, I hereby accept th mply with the provisions of al	e appointme				

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 FII FD Chairman: William F. MOORE 695 Central Ave. Suite 150-C 12 APR | 2 PM |: | | SECRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: Address: Director: Address: Director: _ **B. OFFICERS** President: William F. MOORE Address: URG FL 33701 ENTRAL AVE SUITE 150-C, St Patersburg FL 33701 Address: Treasurer: Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. CEO PRESINENT - WILLIAM F. MOORE
(Typed or printed name and capacity of person signing application)

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



Office of the Secretary of State

Hope Andrade Secretary of State

FILED

12 APR 12 PM 1:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Allnation Adjusting Corporation (file number 800524796), a Domestic For-Profit Corporation, was filed in this office on August 01, 2005.

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 April 09, 2012.



Hope Andrade Secretary of State

rax: (512) 463-57 TID: 10264 Dial: 7-1-1 for Relay Services Document: 416473700003