

F13000001188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 MAR 15 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/13-11389

UMD 3/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2013

RICHARD G. PHILLIS  
1803 CANTERBURY DRIVE, SUITE B  
VALDOSTA, GA 31602

SUBJECT: SECOND OPINION CLAIMS SERVICES, INC.  
Ref. Number: W13000010389

We have received your document for SECOND OPINION CLAIMS SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The form you submitted is for a NON-PROFIT, but your entity is a PROFIT. Please complete and return the enclosed blank form(s).

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 813A00004156

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Second Opinion Claims Services, Inc.

Name of Corporation -- must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Richard G. Phillis

Name of Person

Second Opinion Claims Services, Inc.

Firm/Company

1803 Canterbury Drive

Suite B

Address

Valdosta, GA 31602

City/State and Zip Code

rick@socspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard G. Phillis

Name of Person

at ( 954 ) 551-1286

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. **Second Opinion Claims Services, Inc.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations  
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so covered  
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **Delaware, USA**

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

3. **46-0557749**

(FEI number, if applicable)

4. **07/10/2012**

(Date of Incorporation)

5. **Perpetual**

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

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **1803 Canterbury Drive, Suite B, Valdosta, GA 31602**

(Principal office address)

**1803 Canterbury, Drive, Suite B, Valdosta, GA 31602**

(Current mailing address)

8. **Public Insurance Adjusting Company**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **Samantha S. Mattingly**

Office Address: **22 Desford Lane**

**Boynton Beach**, Florida **33426**

(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.*

  
(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.

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SECRETARY OF STATE  
ALLAHBASSE, FLORIDA

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Richard G. Phillis

Address: 9992 Nob Hill Court  
Sunrise, FL 33351

Vice Chairman: Theodore J. Taylor

Address: 4623 Foxborough Avenue  
Valdosta, GA 31602

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Richard G. Phillis

Address: 9992 Nob Hill Court  
Sunrise, FL 33351

Vice President: Theodore J. Taylor

Address: 4623 Foxborough Avenue  
Valdosta, GA 31602

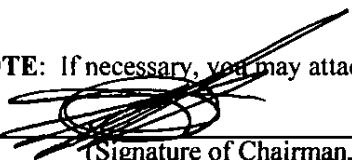
Secretary: Theodore J. Taylor

Address: 4623 Foxborough Avenue, Valdosta, GA 31602

Treasurer: Theodore J. Taylor

Address: 4623 Foxborough Avenue, Valdosta, GA 31602

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. CFO - Vice President

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

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# Delaware

*The First State*

PAGE 1  
13 MAR 15 AM 9:42  
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SECRETARY OF STATE  
DELAWARE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SECOND OPINION CLAIMS 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  
ELEVENTH DAY OF MARCH, A.D. 2013.

5181334 8300

130296485



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0273466

DATE: 03-11-13