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#### FOREIGN PROFIT/NONPROFIT CORPORATION NATIONAL CONNECTFORCE CLAIMS, INC.

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### 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.

California (State or country under the law of which it is incorporated)  O2/13/2012  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SER SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)  701 B Street, Suite 2100, San Diego, CA 92101  (Principal office address)  same  (Current mailing address)  To engage in any lawful act or activity.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System	(If name unava	liable in Florida enter alternate comorate os	ame adopted for the purpose of transacting business in Florida)
(State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SER SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)  701 B Street, Suite 2100, San Diego, CA 92101  (Principal office address)  same  (Current mailing address)  To engage in any lawful act or activity.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and sirgest address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Florida 33324			num mortune we has been or a mission in & comments in a straight
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signated in this upplication, I hereby accept the appointment as registered agent and agree to act in this capacity After agree to comply with the provisions of all statutes relative to the proper and complete performance of my di	(Purpose) Name and stre Name:  Tice Address:  Registered a sying been name signated in this relief agree to contact the street of the street o	s) of corporation authorized in home state of address of Florida registered agent: (  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: and as registered agent and to accept set application, I hereby accept the appointments of all statutes.	F.O. Box NOT acceptable) , Florida 33324 (Zip code)  rvice of process for the above stated corporation at the pintment as registered agent and agree to act in this capacity of the proper and complete performance of my
aving been named as registered agent and to accept xervice of process for the above stated corporation at the plan signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity of the agree to comply with the provisions of all statutes relative to the proper and complete performance of my di id I am familiar with and accept the obligations of my position as registered agent.	(Purpose) Name and stree Name: ffice Address:  D. Registered waving been names signated in this return agree to contact the street of the stre	s) of corporation authorized in home state of address of Florida registered agent: (  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: and as registered agent and to accept set application, I hereby accept the appointments of all statutes.	F.O. Box NOT acceptable) , Florida 33324  (Zip code)  rvice of process for the above stated corporation at the parameter as registered agent and agree to act in this capacity is relative to the proper and complete performance of my position as registered agent.
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under the law of which it is incorporated.

11. Attached is a certificate of existence duly authenticated, no 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

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13 APR -3	AM 10: 19
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#### 12. Names and business addresses of officers and/or directors: 9 A. DIRECTORS SEE ATTACHMENT Chairman: Chris L. Walker Address: 701 B Street, Suite 2100 San Diego, CA 92101 Vice Chairman: Address: \_ Director: \_ Address: \_\_\_ B. OFFICERS SEE ATTACHMENT President: Scott Marshall Address: 701 B Street Suite 2100 Sen Diego, CA 92101 Vice President: Laurel L. Grammig Address: 655 N. Pranklin St., Spite 1900 Tampa, FL 33602 Secretary: Laurel L. Grammig Address: 655 N. Franklin St., Suite 1900, Tampa, FL 33602 Treasurer: T. Christopher Uchida Address: 701 B Street, Sulte 2100, San Diego, LA 92101 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. \_\_\_/ Signature of Director or Officer The officer or director signing this cocument (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. Laurel L. Grammig, Vice President (Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE

### Attachment to Florida Officers & Directors

I Pull Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

**U**1.

State:

ZIP Code:

2 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Cory T. Walker

Officer

Vice President

220 S. Ridgewood Avenue

Daytona Beach

FL.

32114

Chris L. Walker

Director

Director

701 B Street, Suite 2100

San Diego

CA

92101

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

NATIONAL CONNECTFORCE CLAIMS, INC.

FILE NUMBER:

C3455991

FORMATION DATE:

02/13/2012

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 02, 2013.

DEBRA BOWEN Secretary of State

RK\$

NP-25 (REV 1/2007)