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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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

Certificate of Status	0
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MRS 4/4/13

**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. National ConnectForce Claims, Inc.

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

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

2. California

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

3. 45-4373596

(FBI number, if applicable)

4. 02/13/2012

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 701 B Street, Suite 2100, San Diego, CA 92101

(Principal office address)

same

(Current mailing address)

8. 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)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

C T Corporation System

**Madonna Cuddy
Special Assistant Secretary**

By: Madonna Cuddy

(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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13 APR -3 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: Chris L. Walker

Address: 701 B Street, Suite 2100

San Diego, CA 92101

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: Scott Marshall

Address: 701 B Street Suite 2100

San Diego, CA 92101

Vice President: Laurel L. Grammig

Address: 655 N. Franklin St., Suite 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, Suite 2100, San Diego, CA 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 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. _____

Laurel L. Grammig, Vice President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 **Full Name:** Cory T. Walker
 Officer/Director: Officer
 Officer's Title: Vice President
 Director's Title:
 Business Address: 220 S. Ridgewood Avenue
 City: Daytona Beach
 State: FL
 ZIP Code: 32114
- 2 **Full Name:** Chris L. Walker
 Officer/Director: Director
 Officer's Title:
 Director's Title: Director
 Business Address: 701 B Street, Suite 2100
 City: San Diego
 State: CA
 ZIP Code: 92101

State of California
Secretary of State
CERTIFICATE OF STATUS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DEBRA BOWEN
Secretary of State

RKS