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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Dineley Claims Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carol Dineley

Name of Person

Dineley Claims Services, Inc.

Firm/Company

236 Elkhorn Rd. / PO Box 479

Address

Waitsfield, VT 05673

City/State and Zip code

cdineley@dineleyclaimsservices.com

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

For further information concerning this matter, please call:

Carol Dineley

Name of Person

at ( 877 ) 302-0203 x1750

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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 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. Dineley Claims Services, 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. Vermont

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

3. 35-2181150

(FEI number, if applicable)

4. 10-02-2002

(Date of incorporation)

5. perpetual

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

6. 12-02-2013

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 236 Elkhorn Rd Waitsfield, VT 05673

(Principal office address)

PO Box 479 Waitsfield, VT 05673

(Current mailing address)

8. Independent Insurance Adjusting

(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: Ronald Smith

Office Address: 19834 Wyndham Lakes Dr

Odessa

(City)

, Florida 33556

(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.*

Ronald E Smith

(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  
ALL ADDRESSES TO BE PRINTED

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

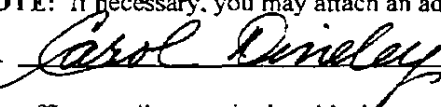
Address: \_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: Richard DineleyAddress: 236 Elkhorn Rd.Waitsfield, VT 05673Vice President: Carol DineleyAddress: 236 Elkhorn Rd.Waitsfield, VT 05673

Secretary: \_\_\_\_\_

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

Treasurer: Carol DineleyAddress: 236 Elkhorn Rd.**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. Carol Dineley, VP-Treasurer

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

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

DINELEY CLAIMS SERVICES, INC.

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Oct 07, 2002.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

December 10, 2013

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.



*James C. Condos*

James C. Condos  
Vermont Secretary of State

Business ID: 0123395  
Certificate Number: 2013039076001