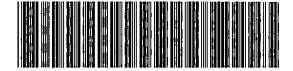
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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	•
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
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(DC	isiness Chilly Nan	iej
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: BY H CLAIM Name of corpora	S SERVICE INCORPORATED tion - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu			
Please return all correspondence concerning this ma	atter to the following:		
CAROL L	e of Person		
Name	of Person		
Bay H CAAin	S SERVICE INC.		
Firm/C	Company		
A	// 3 / ddress		
City/Sta	te and Zip code		
	GMAIL, Com ed for future annual report notification)		
`	,		
For further information concerning this matter, plea	se call:		
Name of Person Area Code & Daytime Telephone Number			
Name of Person Ai	ca Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
New Filing Section	New Filing Section		
Division of Corporations Division of Corporations			
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		
Tallallassee, T.E. 32301			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy □ Certified Copy		



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		SECRETARY OF SIETE STATUTES, THE FOLLOWING IS SUBMITTED TO T BUSINESS IN THE STATE OF FLORIDA.
(Enter name of co	prporation; must include "INCORPORATED prp," "Inc," "Co," or "Corp.")	/NCORPORATED D," "COMPANY," "CORPORATION,"
_	·	ne adopted for the purpose of transacting business in Florida)
2. (State or country	RG/A under the law of which it is incorporated)	3(FEI mumber, if applicable)
(Date	of incorporation)	5. PERPLTUA L (Duration: Year corp. will cease to exist or "perpetual")
6.		
<u> </u>	CHATUGE OVERIOR (Principal office as (Current mailing as t address of Florida registered agent: (F JAMES P. Romerille 1172 LIGHTHOUSE CT.	
	MARCO ISLAND (City)	, Florida <u>34/45</u>
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoir omply with the provisions of all statute. uniliar with and accept the obligations Ama Ama Ama	rvice of process for the above stated corporation at the place ntment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my so of my position as registered agent.
	(Registered agent's	s signature)
In Attachedica	artificate of anistance date.	1

10. 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.



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

A. DIREC		14 SEP -8 PM 4: 12
Chairman: _	CAROL LIN	SECRETARY OF STATE
Address:	3149 CHATUGE OVERLOOK	antwardiring upit
	HIAWASSEE, GA 30546	
Vice Chairma	an:	
Address:		
Director:	•	
Address:	7) — The control of t	
Director:		
Address:		
B. OFFICI		
	CAROL LIN	
	3149 CHATUGE ONERLOOK	
	HIAWAGSEF, GA	
Vice Presider	nt:	
Address:		
Secretary:	CAROL HN	
Address:		
Treasurer: _	CAROL HN	
Address:		
NOTE: If	necessary, you may attact an addendum to the application listing addi	tional officers and/or directors.
are true and	Signature of Director or Officer or director signing this document (and who is listed in number 12 about that he or she is aware that false information submitted in a document that the provided for in s.817.155, F.S.	ve) affirms that the facts stated herein to the Department of State constitutes
13	(Typed or printed name and capacity of person signing ap	oplication)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 10024817
DATE INC/AUTH/FILED : April 01, 2010
JURISDICTION : Georgia
PRINT DATE : August 27, 2

APPHOVEL : 10024817 AND : April 01, 2010 [ED] : Georgia : August 27, 2014 14 SEP -8 PM 4: 12

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

B&H CLAIMS SERVICE INCORPORATED A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

Tracking #: rnPpCUuo